


FILE NOW: FILING FEE IS \$61.25

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90020 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40878

1. Corporation Name
BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION, INC

Principal Place of Business ALL FLORIDA REALTY SERVICES 1301 BEVILLE RD. STE 21 DAYTONA BEACH FL 32119 US	Mailing Address ALL FLORIDA REALTY SERVICES 1301 BEVILLE RD. STE 21 DAYTONA BEACH FL 32119 US
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2. Principal Place of Business 21 442 Bouchelle Dr. Suite, Apt. #, etc. 22 City & State 23 New Smyrna Beach, FL Zip Country 24 32169 25 Volusia	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 11/19/1990	4. FEI Number 59-3038569 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

ALL FLORIDA REALTY SERVICES
 ALL FLORIDA PROPERTY MANAGEMENT, INC
 1301 BEVILLE ROAD, SUITE 21
 DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name **Jack Pollard, CAM.**
 82 Street Address (P.O. Box Number is Not Acceptable)
All Florida Realty Services, Inc.
 83 **1301 Beville Rd. #21**
 84 City **Daytona Beach** 85 Zip Code **FL 32119**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jack Pollard Cam* DATE **3-10-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	PD	<input type="checkbox"/>
NAME	GUIMOND, GEORGE	
STREET ADDRESS	442 BOUCHELLE DR #102	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VPO	<input type="checkbox"/>
NAME	NORTH, CARLTON	
STREET ADDRESS	442 BOUCHELLE DR #103	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	STO	<input type="checkbox"/>
NAME	PHILLIPS, ASA	
STREET ADDRESS	442 BOUCHELLE DRIVE, #203	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 3/10/99 904-426-2308

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)