

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90085 042 \*\*\*\*61.25

**DOCUMENT # N40878**

1. Entity Name

**BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

442 BOUCHELLE DR.  
 NEW SMYRNA BEACH FL 32169  
 US

ALL FLORIDA REALTY SERVICES  
 1301 BEVILLE RD. STE 21  
 DAYTONA BEACH FL 32119-1503  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3038569**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLARD, JACK CAM**  
**ALL FLORIDA REALTY SERVICES, INC.**  
**1301 BEVILLE ROAD, SUITE 21**  
**DAYTONA BEACH FL 32119**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **GUIMOND, GEORGE**  
 STREET ADDRESS **442 BOUCHELLE DR #102**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **President**  Change  Addition  
 NAME **Carlton North**  
 STREET ADDRESS **442 Bouchelle Dr. #103**  
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **VPD**  Delete  
 NAME **NORTH, CARLTON**  
 STREET ADDRESS **442 BOUCHELLE DR #103**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **Vice-President/Secretary**  Change  Addition  
 NAME **Asa Phillips**  
 STREET ADDRESS **442 Bouchelle Dr. #203**  
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **STD**  Delete  
 NAME **PHILLIPS, ASA**  
 STREET ADDRESS **442 BOUCHELLE DRIVE, #203**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE **Treasurer**  Change  Addition  
 NAME **Mildred Preston**  
 STREET ADDRESS **442 Bouchelle Dr. #205**  
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE** *Handwritten Signature*

**3/23/00**

Date

**904-428-9774**

Daytime Phone #

CR2E037 (9/99)