

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
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 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)