

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N40878**

1. Entity Name  
 BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 442 BOUCHELLE DR. NEW SMYRNA BEACH 32169 US	FL	Mailing Address ALL FLORIDA REALTY SERVICES 1301 BEVILLE RD. STE 21 DAYTONA BEACH 32119 US	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address ALL FLORIDA REALTY SERVICES 152 RIDGEWOOD AVENUE HOLLY HILL 32117 US
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4. FEI Number  
**59-3038569**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 POLLARD JACK CAM  
 ALL FLORIDA REALTY SERVICES, INC.  
 1301 BEVILLE ROAD, SUITE 21  
 DAYTONA BEACH FL  
 32119 US

7. Name and Address of New Registered Agent  
 Name  
 RAINS MARISA ACAM  
 Street Address (P.O. Box Number is Not Acceptable)  
 ALL FLORIDA REALTY SERVICES, INC.  
 152 RIDGEWOOD AVENUE  
 City  
 HOLLY HILL FL Zip Code  
 32117

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 MARISA A. RAINS DATE 04/26/2001  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRESTON MILDRED 442 BOUCHELLE DR 205 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PHILLIPS ASA 442 BOUCHELLE DR 203 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORTH CRLTON 442 BOUCHELLE DR NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PHILLIPS ASA 442 BOUCHELLE DRIVE, #203 NEW SMYRNA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORTH, CARLTON 442 BOUCHELLE DR #103 NEW SMYRNA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESTON MILDRED 442 BOUCHELLE DRIVE #205 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PHILLIPS ASA 442 BOUCHELLE DRIVE, #203 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORTH CARLTON 442 BOUCHELLE DRIVE #103 NEW SMYRNA BEACH FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CARTLON NORTH PD 04/26/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)