

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 26, 2008  
Secretary of State**

DOCUMENT# N40878

Entity Name: BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

442 BOUCHELLE DR.  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O QUALITY CONDO MGMT  
4536 S. CLYDE MORRIS #2  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 59-3038569      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUALITY CONDOMINIUM MGMT  
4536 S. CLYDE MORRIS #2  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WAGNER, SUSAN  
Address: 442 BOUCHELLE DRIVE #202  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VPD ( ) Delete  
Name: BLACK, ROBERT  
Address: 442 BOUCHELLE DRIVE #304  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: SD ( ) Delete  
Name: PHELPS, BEA  
Address: 210 CHAD LANE  
City-St-Zip: LOGANVILLE, GA 30052 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WAGNER

PD

03/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date