

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40878

FILED  
Apr 07, 2010  
Secretary of State

**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  
Name: WAGNER, SUSAN  
Address: 442 BOUCHELLE DRIVE #202  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VPD  
Name: ISRAEL, PATRICIA  
Address: 442 BOUCHELLE DRIVE #203  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: ST  
Name: PHILIPS, ASA  
Address: 442 BOUCHELLE DRIVE #203  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby 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 all other like empowered.

SIGNATURE: SUSAN WAGNER

P

04/07/2010

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

\_\_\_\_\_  
Date