

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90092 028 ****61.25

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DOCUMENT # N93000005236

1. Entity Name

BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

449 BOUCHELLE DR.
 NEW SMYRNA BEACH FL 32169

Mailing Address

1301 BEVILLE RD.
 SUITE 21
 DAYTONA BEACH FL 32119

LU051823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

507 Nerbert St.

Suite, Apt. #, etc.

Suite C

City & State

Port Orange, FL

Zip

32119

Country

4. FEI Number

59-3210933

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLARD, JACK CAM
 ALL FLORIDA REALTY SERVICES, INC.
 1301 BEVILLE RD. #21
 DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name

Reimer, R.L.

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

507-C Nerbert St.

City

Port Orange

FL

Zip Code

32119

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

4/6/01

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	SD	<input type="checkbox"/> Delete
NAME	MITCHELL, ERNEST	
STREET ADDRESS	111 RICHPORT LANE	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOSWELL, JEWELL	
STREET ADDRESS	613 HOLT CIRCLE	
CITY-ST-ZIP	HIGHLANDS NC 28741	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MIDDLETON, BEVERLY	
STREET ADDRESS	449 BOUCHELLE DR #204	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, Ernest	
STREET ADDRESS	111 Richport Lane	
CITY-ST-ZIP	Edgewater, FL 32132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Middleton, Beverly	
STREET ADDRESS	449 Bouchelle Dr. #204	
CITY-ST-ZIP	New Smyrna Bch, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Beverly A. Middleton, BEVERLY A. MIDDLETON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14/01

Daytime Phone #

386-428-7916

CR2E037 (10/00)