

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90161 003 ****61.25

DOCUMENT # N93000005236

1. Entity Name

BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**449 BOUCHELLE DR.
 NEW SMYRNA BEACH FL 32169**

**507 NERBERT ST
 SUITE C
 PORT ORANGE FL 32119**

00085698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

507-C Herbert St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3210933

Applied For

Not Applicable

Zip

Country

Zip

Country

32129

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIMER, R.L.
 507-C NERBERT ST.
 PORT ORANGE FL 32119**

Name

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

507-C Herbert St.

City

FL

Zip Code

32129

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

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD Boswell, Jewell	449 Bouchelle Dr #103	New Smyrna Bch, FL 32169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD Schneider, Anne	449 Bouchelle Dr #203	New Smyrna Bch, FL 32169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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: *Anne M. Schneider* ANNE M. SCHNEIDER 4-5-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #