


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90051 034 \*\*\*\*61.25

<b>DOCUMENT # N93000005236</b>						
1. Entity Name <b>BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, INC.</b>						
Principal Place of Business 449 BOUCHELLE DR. NEW SMYRNA BEACH, FL 32169			Mailing Address 507-C HERBERT ST PORT ORANGE, FL 32129			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>59-3210933</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
REIMER, R.L. 507-C HERBERT ST. PORT ORANGE, FL 32129			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			FL Zip Code			
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, ANNE			NAME		
STREET ADDRESS	449 BOUCHELLE DR #203			STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINK, JENNIFER			NAME		
STREET ADDRESS	449 BOUCHELLE DR. #205			STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAIR, HARRIETT			NAME		
STREET ADDRESS	449 BOUCHELLE DR. #103			STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>   Anne M Schneider</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: _____ Day: _____ Month: _____						