

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# N93000005236

Entity Name: BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

449 BOUCHELLE DR.  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

449 BOUCHELLE DRIVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

507-C HERBERT ST  
PORT ORANGE, FL 32129

**New Mailing Address:**

C/O ATLANTIC COMM ASSOC MGMT & ACCTNG INC  
507-C HERBERT STREET  
PORT ORANGE, FL 32129

FEI Number: 59-3210933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REIMER, R.L.  
507-C HERBERT ST.  
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: LINK, JENNIFER  
Address: 449 BOUCHELLE DR. #205  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD ( ) Delete  
Name: ECKERT, PETER  
Address: 449 BOUCHELLE DR 105  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD ( ) Delete  
Name: VITA, JOSEPH  
Address: 449 BOUCHELLE DR 101  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

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

Title: VD (X) Change ( ) Addition  
Name: ECKERT, PETER  
Address: 449 BOUCHELLE DR #105  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD (X) Change ( ) Addition  
Name: VITA, JOSEPH  
Address: 449 BOUCHELLE DR #101  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: JENNIFER LINK

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date