

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90609 016 ****61.25

DOCUMENT # N93000005236
1. Entity Name
BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, IN C.



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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3210933** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**REIMER, R.L.
507-C HERBERT ST.
PORT ORANGE FL 32129**

7. Name and Address of New Registered Agent
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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD <input type="checkbox"/> Delete
NAME	SCHNEIDER, ANNE
STREET ADDRESS	449 BOUCHELLE DR #203
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	BOSWELL, JEWELL
STREET ADDRESS	449 BOUCHELLE DR #103
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169
TITLE	PD <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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clifton, Judith
STREET ADDRESS	449 Bouchelle Dr. #104
CITY-ST-ZIP	New Smyrna Beach, FL 32169
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	
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: *[Handwritten Signature]* **4-3-03**

CR2E037 (10/02)