

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40878

**Entity Name:** BOUCHELLE ISLAND VI CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 10, 2014**  
**Secretary of State**  
**CC9246313704**

**Current Principal Place of Business:**

C/O INTRACOASTAL BOOKKEEPING & MANAGEMENT  
1100 OCEAN SHORE BLVD., SUITE 12  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

C/O INTRACOASTAL BOOKKEEPING & MANAGEMENT  
P.O. BOX 1527  
ORMOND BEACH, FL 32175 US

**FEI Number: 59-3038569**

**Certificate of Status Desired: No**

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

KISTEMAKER BUSINESS LAW GROUP  
1651 N. CLYDE MORRIS BLVD.  
SUITE 1  
DAYTONA BEACH, FL 32117 US

*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: ERUM S. KISTEMAKER**

**03/10/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name STUMP, RANDALL W.  
Address P.O. BOX 6148  
City-State-Zip: WYOMISSING PA 19610

Title VP  
Name JELLISON, DIANE  
Address P.O. BOX 3406  
City-State-Zip: POINT VEDRA BEACH FL 32004

Title ST  
Name HENCKEN, JEANNE  
Address 442 BOUCHELLE DRIVE #302  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR  
Name NORTH, CARL  
Address 442 BOUCHELLE DR. UNIT 103  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR  
Name MILLER, JOYCE  
Address 442 BOUCHELLE DR UNIT 105  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*I hereby 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 all other like empowered.*

**SIGNATURE: RANDALL STUMP**

**PRES**

**03/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date