				9441912378
Current Prir	cipal Place of Business:			
449 BOUCHELI				
NEW SMYRNA	BEACH, FL 32169			
Current Mai	ling Address:			
	TIC COMM ASSOC MGMT & ACCTNG INC			
PORTORAN	NGE, FL 32129			
FEI Number: 59-3210933			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
YACEK, RENN				
507-C HERBER PORT ORANGE	E, FL 32129 US			
	I entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the Stat	
	RENNY M YACEK	stered office or regis	tered agent, or both, in the Stat	01/22/2017
		stered office or regis	tered agent, or both, in the Stat	
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the Stat	01/22/2017
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the Stat	01/22/2017
SIGNATURE	Electronic Signature of Registered Agent			01/22/2017
SIGNATURE Officer/Direc Title	ERENNY M YACEK Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	01/22/2017 Date
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR MCCONNELL, ARDEN	Title Name	VP, DIRECTOR RHODES, SCOTT 449 BOUCHELLE DR #20	01/22/2017 Date
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR MCCONNELL, ARDEN 449 BOUCHELLE DR. #201	Title Name Address	VP, DIRECTOR RHODES, SCOTT 449 BOUCHELLE DR #20	01/22/2017 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	ERENNY M YACEK Electronic Signature of Registered Agent Electronic Signature of Registered Agent Electron Detail : PRESIDENT, DIRECTOR MCCONNELL, ARDEN 449 BOUCHELLE DR. #201 NEW SMYRNA BEACH FL 32169 SECRETARY, TREASURER,	Title Name Address	VP, DIRECTOR RHODES, SCOTT 449 BOUCHELLE DR #20	01/22/2017 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	ERENNY M YACEK Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR MCCONNELL, ARDEN 449 BOUCHELLE DR. #201 NEW SMYRNA BEACH FL 32169 SECRETARY, TREASURER, DIRECTOR	Title Name Address	VP, DIRECTOR RHODES, SCOTT 449 BOUCHELLE DR #20	01/22/2017 Date
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	ERENNY M YACEK Electronic Signature of Registered Agent Electronic Signature of Registered Agent Electronic Signature of Registered Agent Ctor Detail : PRESIDENT, DIRECTOR MCCONNELL, ARDEN 449 BOUCHELLE DR. #201 NEW SMYRNA BEACH FL 32169 SECRETARY, TREASURER, DIRECTOR PIKE, SUSAN	Title Name Address	VP, DIRECTOR RHODES, SCOTT 449 BOUCHELLE DR #20	01/22/2017 Date

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# N9300005236

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: ARDEN MCCONNELL

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/22/2017 Date

FILED Jan 22, 2017

Secretary of State