

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005236

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

**Current Principal Place of Business:**

449 BOUCHELLE DRIVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

C/O TEMPEST COMMUNITY MANAGEMENT  
3959 S. NOVA ROAD SUITE 15  
PORT ORANGE, FL 32127 US

**FEI Number:** 59-3210933

**Certificate of Status Desired:** No

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

TEMPEST COMMUNITY MANAGEMENT  
C/O TEMPEST COMMUNITY MANAGEMENT  
3959 S. NOVA ROAD SUITE 15  
PORT ORANGE, FL 32127 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:** ANDREW HELMUS

04/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAUGHLIN, TIMOTHY  
Address        C/O TEMPEST COMMUNITY  
                  MANAGEMENT  
                  3959 S. NOVA ROAD SUITE 15  
City-State-Zip: PORT ORANGE FL 32127

Title            VICE PREISDENT  
Name            BLANDI, SUZANNE  
Address        C/O TEMPEST COMMUNITY  
                  MANAGEMENT  
                  3959 S. NOVA ROAD SUITE 15  
City-State-Zip: PORT ORANGE FL 32127

Title            TREASURER  
Name            BRETON, MIGUEL ANDRE  
Address        C/O TEMPEST COMMUNITY  
                  MANAGEMENT  
                  3959 S. NOVA ROAD SUITE 15  
City-State-Zip: PORT ORANGE FL 32127

*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:** TIMOTHY LAUGHLIN

PRESIDENT

04/03/2023

Electronic Signature of Signing Officer/Director Detail

Date