

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90122 041 ****61.25

DOCUMENT # N00000001556

1. Entity Name

**BOUCHELLE ISLAND XXII CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**3424 S. ATLANTIC AVE.
DAYTONA BCH FL 32118**

Mailing Address

**285 WEST DUNDEE
PALATINE IL 60074**

2. Principal Place of Business

152 Ridgewood Av

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Zip

32117

Country

Volusia

Zip

Country

4. FEI Number

59-3632919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIMUCCI, ANTHONY
3424 S ATLANTIC AVE
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name **All-Florida-Realty Services**

Street Address (P.O. Box Number is Not Acceptable)

152 Ridgewood Ave

City

Holly Hill

FL

Zip Code

32117

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2004

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 **D** ☒ Delete
NAME **DIMUCCI, ANTHONY**
STREET ADDRESS **100 W. DUNDEE RD.**
CITY-ST-ZIP **PALATINE IL 60067**

TITLE **D** ☒ Delete
NAME **VIHLEN, SID**
STREET ADDRESS **200 N. PARK AVE., SUITE 200**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☒ Delete
NAME **LE CLAIRE, CORINNE**
STREET ADDRESS **3424 S. ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BCH FL 32118**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **Edward Allen**
STREET ADDRESS **426 Bouchelle Dr # 302**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Peggy Peake**
STREET ADDRESS **426 Bouchelle Dr. # 404**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Dale Michael**
STREET ADDRESS **426 Bouchelle Dr. # 401**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **mel Builock**
STREET ADDRESS **426 Bouchelle Dr. # 304**
CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Edward A. Allen (Pres.)

2/7/04

386-427-4420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #