2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N00000001556

1. Entity Name
BOUCHELLE ISLAND XXII CONDOMINIUM
ASSOCIATION, INC.



Mar 10, 2005 8:00 am Secretary of State 03-10-2005 90153 028 ****61.25

FILED

| Principal Place of Business | Mailing Address |
|--------------------------------|-------------------------|
| 152 RIDGEWOOD AVE. | 152 RIDGEWOOD AVE. |
| DAYTONA BEACH, FL 32117 | DAYTONA BEACH, FL 32117 |
| 2. Principal Place of Business | 3. Mailing Address |

| | IDGEWOOD AVE. 132 RIDGEWOOD AVE. DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 | | | | | | | | | | | | |
|--|---|---|----------------------|----------------------|--|---|---|-------------------|----------------|--------------|------------|--------------------------------|--|
| Principal Place of Business Address Address | | | | | | | | | | | | | |
| Suite, Apt. | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 02212005 | Chg-Nf | • | CR2E0 | 37 (10/03) | | | | |
| City & Stat | City & State City & State | | | | 4. FEI Numl 59-36 | | | | | oplied For | | | |
| Zip | Country Zip Cou | | | | intry | | 5. Certificate of Status Desired See Required | | | | | | |
| | 6. Name | and Address of Curre | nt Registere | d Agent | | <u> </u> | | 7. Name an | d Address | of New Re | gistered . | Agent | |
| ALL FLOR | | TY SERVICES | | - | | Name | | | | | - | · | <u>-</u> |
| 152 RIDGI DAYTONA | | | | | | Street Ad | ddress (F | P.O. Box Num | ber is Not Ad | ceptable) | | | |
| | ŕ | | | | | 0'5 | , | | | | | 13.5 | |
| | | | | | | City | | | | | FL | Zip Cod | |
| | named entit tions of regis | y submits this statement tered agent. | for the purp | ose of changing its | registere | ed office or | register | ed agent, or b | oth, in the St | ate of Flori | da. Iam | familiar with, | and accept |
| SIGNATURE | • | | | • . | | | | | | | • • | | |
| SIGNATORE | | or printed name of registered age | ent and title if app | licable (NOTE | . Registere | d Agent signatu | ne required | when reinstating) | | | DATE | | U. H. U |
| Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Fir | | | | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | | | | |
| | | | | | | | | | 1 | | • | | |
| 10 | | OFFICERS AND | DIRECTORS | | 11. | - | <u> </u> | DDITIONS/C | HANGES TO | OFFICER: | | | V 10 |
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| TITLE | P ALLEN, E 426 BOU | | | | TITLE NAMI STRE | } | A | DDITIONS/C | L HANGES TO | OFFICER: | | RECTORS IN | |
| TITLE NAME STREET ADDRESS | P ALLEN, E 426 BOU NEW SM | DWARD CHELLE DR. #302 | | | TITLE NAMI STRE | E Et address -st-zip | 7 | DDITIONS/C | HANGES TO | OFFICER: | | RECTORS IN Change | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | P ALLEN, E 426 BOU NEW SM SEP Tre PEAKE, F | EDWARD CHELLE DR. #302 YRNA BEACH, FL 32 ASJICE PEGGY | | ☐ Delete | TITLE NAMI STRE CITY TITLE | E EET ADDRESS -ST-ZIP E | ア | | HANGES TO | OFFICER: | | RECTORS IN | ☐ Addition |
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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 trusfige 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:

URE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #