


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90030 009 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000001556	
1. Entity Name BOUCHELLE ISLAND XXII CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 152 RIDGEWOOD AVE. DAYTONA BEACH, FL 32117	Mailing Address 152 RIDGEWOOD AVE. DAYTONA BEACH, FL 32117
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2. Principal Place of Business - No P.O. Box # 426 Bouchelle Dr	3. Mailing Address 4536 S. Clyde Morris
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Smyrna FL	City & State Port Orange FL
Zip 32169	Zip 32129
Country US	Country US

40093310



04302007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3632919	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALL FLORIDA REALTY SERVICES 152 RIDGEWOOD AVE. DAYTONA BEACH, FL 32117
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7. Name and Address of New Registered Agent Name Quality Condominium Mgmt Street Address (P.O. Box Number is Not Acceptable) 4536 S. Clyde Morris #2 City Port Orange FL Zip Code 32129
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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: Bethaney S. Bullock

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-07

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, EDWARD 426 BOUCHELLE DR. #302 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEAKE, PEGGY 426 BOUCHELLE DR. #404 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, DALE 426 BOUCHELLE DR. #401 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULLOCK, MEL 426 BOUCHELLE DR. #304 NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F 50 SARCO JOE 550 BERNICE ST DAYTONA BEACH, FL 32113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bethaney S. Bullock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-07 386-7675  
Date Daytime Phone #