

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001556

FILED
Mar 26, 2008
Secretary of State

Entity Name: BOUCHELLE ISLAND XXII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

426 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

426 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

5636 S CLYDE MORRIS
#2
PORT ORANGE, FL 32129

New Mailing Address:

4536 S CLYDE MORRIS
#2
PORT ORANGE, FL 32129

FEI Number: 59-3632919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALITY CONDOMINIUM MGMT
5636 S. CLYDE MORRIS #2
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

QUALITY CONDOMINIUM MGMT
4536 S. CLYDE MORRIS #2
PORT ORANGE, FL 32129 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: BETHANY BATTISTONE

03/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLEN, EDWARD
Address: 426 BOUCHELLE DR. #302
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: PEAKE, PEGGY
Address: 426 BOUCHELLE DR. #404
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: MICHAEL, DALE
Address: 426 BOUCHELLE DR. #401
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: SARCCO, JOE
Address: 580 BERNASEC DR
City-St-Zip: DEBARY, FL 32713

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MANNING, ELIZABETH
Address: 426 BOUCHELLE DRIVE #202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD ALLEN

P

03/26/2008

Electronic Signature of Signing Officer or Director

Date