2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0000001556

NEW SMYRNA BEACH, FL 32169

FILED Apr 25, 2011 Secretary of State

Entity Name: BOUCHELLE ISLAND XXII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

426 BOUCHELLE DR QUALITY CONDO MGMT

1100 OCEAN SHORE BLVD., SUITE 12

ORMOND BEACH, FL 32175

Current Mailing Address: New Mailing Address:

4536 S CLYDE MORRIS, UNIT #2 QUALITY CONDO MGMT PORT ORANGE, FL 32129 P.O. BOX 1527

ORMOND BEACH, FL 32175

FEI Number: 59-3632919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

QUALITY CONDOMINIUM MGMT ERTL & KISTEMAKER BUSINESS LAW GROUP 4536 S. CLYDE MORRIS #2 1651 N. CLYDE MORRIS BLVD.

4536 S. CLYDE MORRIS #2

PORT ORANGE, FL 32129 US

1651 N. CLYDE MORRIS BLVD.

SUITE 2

DAYTONA BEACH, FL 32117 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: CHRISTENE M. ERTL 04/25/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: ALLEN, EDWARD

Address: 426 BOUCHELLE DR. #302 City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP

Name: PEAKE, PEGGY

Address: 426 BOUCHELLE DR. #404 City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T

 Name:
 SAUNDERS, ROBERT W

 Address:
 426 BOUCHELLE DRIVE #303

 City-St-Zip:
 NEW SMYRNA BEACH, FL 32169

Title:

Name: SARCCO, JOE
Address: 580 BERNASEK DR
City-St-Zip: DEBARY, FL 32713

Title:

Name: MANNING, ELIZABETH
Address: 426 BOUCHELLE DRIVE, #202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: EDWARD ALLEN P 04/25/2011