

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002799

FILED
Mar 28, 2006
Secretary of State

Entity Name: BOUCHELLE ISLAND XXVII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3424 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

New Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

285 WEST DUNDEE ROAD
PALATINE, IL 60067

New Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

FEI Number: 04-3751337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THURLOW, ROBERT S
415 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR

03/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIMUCCI, ANTHONY
Address: 285 WEST DUNDEE ROAD
City-St-Zip: PALATINE, IL 32771

Title: D () Delete
Name: VIHLEN, SID
Address: 200 N. PARK AVE., SUITE 200
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: LECLAIRE, CORINNE
Address: 3424 S. ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JANSON, MICHAEL
Address: 202 DUNE CIR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD (X) Change () Addition
Name: ROBERTS, VARUNI
Address: 202 DUNE CIR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change () Addition
Name: GRANT, EMILY
Address: 240 SPANISH OAK TRAIL
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL JANSON

PD

03/28/2006

Electronic Signature of Signing Officer or Director

Date