


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> <b>ANNUAL</b> <b>REPORT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	<b>FILED</b>  <b>08 APR - 1 PM 4:31</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>  <b>400121777434</b> <b>04/01/08--01016--018 **61.25</b>  <b>CR2E081 (12/07)</b>																								
<b>DOCUMENT #</b> 703000002799																											
<b>1. Corporation Name</b> Bouchelle Island XXV11 Condominium Assoc Inc.																											
<b>2. Principal Office Address - No P.O. Box #</b> 4536 S Clyde Morris Suite, Apt. #, etc. #2 City & State Port Orange FL Zip 32129 Country USA		<b>3. Mailing Office Address</b> 4536 S Clyde Morris Suite, Apt. #, etc. #2 City & State Port Orange FL Zip 32129 Country USA																									
<b>7. Name and Address of Current Registered Agent</b> Name Quality Condominium Mgmt LLC Street Address (P.O. Box Number is Not Acceptable) 4536 S Clyde Morris #2 Suite, Apt. #, Etc. City Port Orange State FL Zip Code 32129		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>  <b>5. FEI Number</b> 04-3751337 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																									
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b> Signature of Registered Agent <u>Bethany Ballester</u> Date <u>1-18-08</u> REGISTERED AGENT MUST SIGN																											
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Sara Thomas</td> <td>432 Bouchelle Dr #201</td> <td>new Smyrna Beach FL 32169</td> </tr> <tr> <td>S</td> <td>Cliff Sadlier</td> <td>30820 Tanglewood Tr</td> <td>Farmington Hills MI 48321</td> </tr> <tr> <td>T</td> <td>Joseph Sarasso</td> <td>158-18 97th St.</td> <td>Howard Beach NY 11414</td> </tr> <tr> <td>O</td> <td>Michael Jensen</td> <td>202 Rene Circle</td> <td>new Smyrna Beach FL 32169</td> </tr> <tr> <td>O</td> <td>Emily Grant</td> <td>240 Spanish Oak</td> <td>Longwood FL 32719</td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Sara Thomas	432 Bouchelle Dr #201	new Smyrna Beach FL 32169	S	Cliff Sadlier	30820 Tanglewood Tr	Farmington Hills MI 48321	T	Joseph Sarasso	158-18 97th St.	Howard Beach NY 11414	O	Michael Jensen	202 Rene Circle	new Smyrna Beach FL 32169	O	Emily Grant	240 Spanish Oak	Longwood FL 32719
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																								
P	Sara Thomas	432 Bouchelle Dr #201	new Smyrna Beach FL 32169																								
S	Cliff Sadlier	30820 Tanglewood Tr	Farmington Hills MI 48321																								
T	Joseph Sarasso	158-18 97th St.	Howard Beach NY 11414																								
O	Michael Jensen	202 Rene Circle	new Smyrna Beach FL 32169																								
O	Emily Grant	240 Spanish Oak	Longwood FL 32719																								
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>																											
<b>SIGNATURE:</b> <u>Bethany Ballester</u> <u>1-18-08</u> <u>386 767 5000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											



4536 S. Clyde Morris Blvd., Unit 2• Port Orange, Florida 32129

phone: 386-767-5600

fax: 386-767-5505

[info@qualitycondomanagement.com](mailto:info@qualitycondomanagement.com)

March 27, 2008

Florida Depart of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find Corporation Reinstatement for Bouchelle Island XXVII Condominium Association, Inc. Please be advised that this corporation was dissolved due to the registered agent resigning and not notifying the association.

The association changed management company in December and did not receive notification that the registered agent resigned and would have rectified this matter at that time.

Please waive the reinstatement fee as the association was not notified in a timely manner. Should you have any questions or concerns please contact me at 386-767-5600 or [bbattistone@qualitycondomanagement.com](mailto:bbattistone@qualitycondomanagement.com).

Sincerely,

A handwritten signature in black ink that reads 'Bethany L. Battistone'.

Bethany L. Battistone  
Community Association Manager  
Quality Condominium Management, LLC.