

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002799

FILED
Apr 12, 2010
Secretary of State

Entity Name: BOUCHELLE ISLAND XXVII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4536 S. CLYDE MORRIS, UNIT #2
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

4536 S. CLYDE MORRIS, UNIT #2
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 04-3751337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALITY CONDOMINIUM MANAGEMENT LLC
4536 S. CLYDE MORRIS, UNIT #2
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SADLIER, JOANNE
Address: 30820 TANGLEWOOD TR
City-St-Zip: FARMINGTON HILLS, MI 48331

Title: SD
Name: ROBERTS, VARUNI
Address: 202 DUNE CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD
Name: SARRESSO, JOSEPH
Address: 158-18 97TH ST.
City-St-Zip: HOWARD BEACH, NY 11414

Title: VP
Name: JANSEN, MICHAEL
Address: 202 DUNE CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: GRANT, EMILY
Address: 240 SPANISH OAK
City-St-Zip: LONGWOOD, FL 32779

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: ADRIANA HOLLANDER

CAM

04/12/2010

Electronic Signature of Signing Officer or Director

Date