

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002799

FILED  
Mar 25, 2011  
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:**

QUALITY CONDO MGMT  
1100 OCEAN SHORE BLVD., SUITE 12  
ORMOND BEACH, FL 32175

**Current Mailing Address:**

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

**New Mailing Address:**

QUALITY CONDO MGMT  
P.O. BOX 1527  
ORMOND BEACH, FL 32175

**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:**

ERTL & KISTEMAKER BUSINESS LAW GROUP  
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

03/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
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: SORRESSO, 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: JOANNE SADLIER

P

03/25/2011

Electronic Signature of Signing Officer or Director

Date