## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002804

FILED Jun 13, 2012 Secretary of State

Entity Name: BOUCHELLE ISLAND XXVI CONDOMINIUM ASSOCIATION, INC.

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

QUALITY CONDO MGMT 430 BOUCHELLE DRIVE

1100 OCEAN SHORE BLVD., SUITE 12 NEW SMYRNA BEACH, FL 32169

ORMOND BEACH, FL 32175

Current Mailing Address: New Mailing Address:

QUALITY CONDO MGMT 507-C HERBERT STREET P.O. BOX 1527 PORT ORANGE, FL 32129

P.O. BOX 1527 PORT ORANGE, FL 32129 ORMOND BEACH, FL 32175

FEI Number: 04-3751335 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:

ERTL & KISTEMAKER BUSINESS LAW GROUP

YACEK, RENNY M

507 C HERBERT STREET

1651 N. CLYDE MORRIS BLVD.

SUITE 2

DAYTONA BEACH, FL 32117 US

507-C HERBERT STREET
PORT ORANGE, FL 32129 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: RENNY M. YACEK 06/13/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VPD

 Name:
 TAYLOR, DANIEL J

 Address:
 430 BOUCHELLE DR 202

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

Title: TD

Name: FEELY, JANE

Address: 430 BOUCHELLE DRIVE #203 City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD

Name: MAGRADY, PATRICK J

Address: 4642 RIVERWALK VILLAGE COURT

City-St-Zip: PONCE INLET, FL 32127

Title: SD

Name: HILSON, ANNE

Address: 430 BOUCHELLE DRIVE #401 City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title:

 Name:
 DABROWSKI, EDWARD

 Address:
 430 BOUCHELLE DRIVE #302

 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: PATRICK MAGRADY PD 06/13/2012