
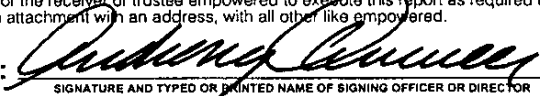


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90073 037 \*\*\*\*61.25

|  |                                   |   |  |   |  |
|--|-----------------------------------|---|--|---|--|
| <b>DOCUMENT # N05000003436</b><br>1. Entity Name<br>BOUCHELLE ISLAND XXIII CONDOMINIUM<br>ASSOCIATION, INC.  |                                   |   |  |  |  |
| Principal Place of Business<br>285 W DUNDEE RD<br>PALATINE, IL 60067   |                                   |   | Mailing Address<br>285 W DUNDEE RD<br>PALATINE, IL 60067   |   |  |
| 2. Principal Place of Business   |                                   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                                   | City & State  |  |   |  |
| Zip  | Country                           | Zip   | Country  | 01172006 Chg-NP CR2E037 (11/05)   |  |
| 4. FEI Number<br><b>20-2141000</b>   |                                   |   |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                   |   |  | <b>\$8.75</b> Additional<br>Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |                                   |   | 7. Name and Address of New Registered Agent  |   |  |
| THURLOS, ROBERT S<br>415 CANAL STREET<br>NEW SMYRNA BEACH, FL 32168  |                                   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                                   |   |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                                   |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |                                   |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE  | D <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | DIMUCCI, ANTHONY                  |   | NAME   |   |  |
| STREET ADDRESS   | 285 W DUNDEE RD                   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | PALATINE, IL 60067                |   | CITY-ST-ZIP  |   |  |
| TITLE  | D <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | VIHLEN, SID                       |   | NAME   |   |  |
| STREET ADDRESS   | 200 N PARK AVE SUITE 200          |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | SANFORD, FL 32771                 |   | CITY-ST-ZIP  |   |  |
| TITLE  | D <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | LECLAIRE, CORINNE                 |   | NAME   |   |  |
| STREET ADDRESS   | 3424 S ATLANTIC AVE               |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | SAYTONA BEACH SHORES, FL 32118    |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                   |   | NAME   |   |  |
| STREET ADDRESS   |                                   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                   |   | CITY-ST-ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete   |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                                   |   | NAME   |   |  |
| STREET ADDRESS   |                                   |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                                   |   | CITY-ST-ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                   |   |  |   |  |
| <b>SIGNATURE:</b>   |                                   |   | 1-27-06 847-991-4400   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                   |   | <small>Date Daytime Phone #</small>  |   |  |