

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90006 040 ****61.25

DOCUMENT # N05000003436

1. Entity Name
**BOUCHELLE ISLAND XXIII CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**285 W DUNDEE RD
PALATINE, IL 60067**

Mailing Address

**285 W DUNDEE RD
PALATINE, IL 60067**

400000



01262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2441000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THURLOS, ROBERT S
415 CANAL STREET
NEW SMYRNA BEACH, FL 32168**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIMUCCI, ANTHONY 285 W DUNDEE RD PALATINE, IL 60067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIHLEN, SID 200 N PARK AVE SUITE 200 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LECLAIRE, CORINNE 3424 S ATLANTIC AVE SAYTONA BEACH SHORES, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-31-07 847-991-4400