2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/6.

FILED
Mar 19, 2007 8:00 am
Secretary of State
02-06-2007 90006 038 ****61.25

DOCUMENT # N06000005051

1. Entity Name
BOUCHELLE ISLAND XXXI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3424 S. ATLANTIC AVE. DAYTONA BCH SHORES, FL 32118	3424 S. ATLANTIC AVE. DAYTONA BCH SHORES, FL 32118

01262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	285 West Dundee Suite, Apt. #, etc.
City & State	City & State: Palatine IL
Zip / Country	Zip: 60074 / Country

4. FEI Number: 14-1962472 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THURLOW, ROBERT S 415 CANAL ST. NEW SMYRNA BCH, FL 32168	Name: Anthony DiMucci Street Address (P.O. Box Number is Not Acceptable): 3424 S. Atlantic Ave City: ~~Orlando~~ Daytona Bch FL Zip Code: 33118

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: Anthony DiMucci
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	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIMUCCI, ANTHONY 285 W. DUNDEE RD. PALATINE, IL 60067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIHLEN, SID 200 N. PARK AVE., SUITE 200 SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LECLAIRE, CORINNE 3424 S. ATLANTIC AVE. DAYTONA BCH SHORES, FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Anthony DiMucci 1-31-07 847-991-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #