

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 050 ****61.25

DOCUMENT # N24722

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



Principal Place of Business
**C/O ALL FLORIDA REALTY SERVICES, INC.
152 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117 US**

Mailing Address
**C/O ALL FLORIDA REALTY SERVICES, INC.
152 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117 US**

40095523



2. Principal Place of Business - No P.O. Box #

Mailing Ac

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04382007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2870387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHRISTENSEN, C. JOHN ESQ
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD.
FT. LAUDERDALE, FL 33312-6525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEES, BOB	
STREET ADDRESS	466 BOUCHELLE DR., #104	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHANKLIN, BRUCE	
STREET ADDRESS	448 BOUCHELLE DRIVE #105	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHANKLIN, BRUCE	
STREET ADDRESS	448 BOUCHELLE DR., #105	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRERAN, SARAH	
STREET ADDRESS	448 BOUCHELLE DR., #304	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shanklin Bruce	
STREET ADDRESS	448 Bouchelle Drive #105	
CITY-ST-ZIP	new Smyrna Beach FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	branan Sarah	
STREET ADDRESS	448 Bouchelle Dr #304	
CITY-ST-ZIP	new Smyrna Beach FL 32169	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Branch Jim	
STREET ADDRESS	446 Bouchelle Drive	
CITY-ST-ZIP	new Smyrna Beach FL 32169	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kraft Frank	
STREET ADDRESS	103 Rockingham Ct.	
CITY-ST-ZIP	Longwood FL 32749	

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 #