## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24722

FILED Mar 17, 2011 Secretary of State

Entity Name: BOUCHELLE ISLAND I CONDOMINIUM ASSOCIATION, INC.

FEI Number Applied For ( )

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

C/O QUALITY CONDO MGMT.

C/O QUALITY CONDO MGMT.

C/O QUALITY CONDO MGMT. 4536 S. CLYDE MORRIS BLVD UNIT 2 PORT ORANGE, FL 32129

1100 OCEAN SHORE BLVD., SUITE 12

ORMOND BEACH, FL 32175

**Current Mailing Address:** 

**New Mailing Address:** 

C/O QUALITY CONDO MGMT 4536 S. CLYDE MORRIS BLVD UNIT 2 PORT ORANGE, FL 32129

P.O. BOX 1527 ORMOND BEACH, FL 32175

US

FEI Number: 59-2870387

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QUALITY CONDOMINIUM MANAGEMENT

ERTL & KISTEMAKER BUSINESS LAW GROUP

4536 S. CLYDE MORRIS BLVD. UNIT 2

1651 N. CLYDE MORRIS BLVD.

PORT ORANGE, FL 32129 US

DAYTONA BEACH, FL 32117 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: CHRISTENE M. ERTL

03/17/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

DEES, BARBARA Name:

Address: 466 BOUCHELLE DR., #104 City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD

Name: DUNHAM, ROBERT Address: 420 W SHADOW LANE City-St-Zip: STATE COLLEGE, PA 16803

Title: SD

MCKENNA, PAUL Name:

462 BOUCHLLE DRIVE #101 Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD

Name: KRAFT, FRANK

Address: 103 ROCKINGHAM COURT City-St-Zip: LONGWOOD, FL 32779

Title:

DONAWAY, DAVID Name: 620 STRATHMORE DRIVE Address: ORLANDO, FL 32803 City-St-Zip:

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: ROBERT DUNHAM

PD

03/17/2011