

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24723

FILED
Jan 14, 2011
Secretary of State

Entity Name: BOUCHELLE ISLAND COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

409 BOUCHELLE DR
NEW SMYRNA BCH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

409 BOUCHELLE DR
NEW SMYRNA BCH, FL 32169 US

New Mailing Address:

FEI Number: 59-2870393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSMAS, JAMES M PA
ATTN: JAMES M KOSMAS
111 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MURPHY, NANCY
Address: 460 BOUCHELLE DRIVE UNIT 104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP
Name: FRALEY, STONEY
Address: 404 BOUCHELLE DRIVE UNIT 204
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S
Name: DALE, LILYFORS
Address: 425 BOUCHELLE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T
Name: O'LEARY, PATRICK
Address: 438 BOUCHELLE DR UNIT 304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: ROD, RICH
Address: 407 BOUCHELLE DRIVE UNIT 104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: JIM, BRANCH
Address: 446 BOUCHELLE DRIVE UNIT 105
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: PATRICK O'LEARY

TREA

01/14/2011

Electronic Signature of Signing Officer or Director

Date