

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26277

FILED
Feb 07, 2010
Secretary of State

Entity Name: BOUCHELLE ISLAND II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

400,458,460 BOUCHELLE DR.
302 HARBOUR BLVD.
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT & ACC INC.
507 HERBERT ST., STE. C
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-2889851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIMER, R. L
507-C HERBERT STREET
PORT ORANGE, FL 32129 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: STD
Name: FINE, LILLIAN C
Address: 400 BOUCHELLE DR #101
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD
Name: EINREINHOFFER, ROY
Address: 1982 STATE RD 44, POB 314
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD
Name: DUGUID, DAVID
Address: 400 BOUCHELLE DR.#205
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: MCMAHON, JOAN
Address: 460 BOUCHELLE DR. #303
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: TETER, JAN
Address: 400 BOUCHELLE DR. #104
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: ROY EINREINHOFFER

PD

02/07/2010

Electronic Signature of Signing Officer or Director

Date