


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90257 044 \*\*\*\*61.25

<b>DOCUMENT # N31775</b>	
1. Entity Name <b>BOUCHELLE ISLAND III CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>450,452,454,456 BOUCHELLE DRIVE NEW SMYRNA BEACH, FL 32169 US</b>	Mailing Address <b>ATLANTIC COMM ASSOC MGMT &amp; ACCT., INC. 507-C HERBERT STREET PORT ORANGE, FL 32129</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2942701</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>REIMER, R.L. 507-C HERBERT STREET PORT ORANGE, FL 32129</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAMSON-SCRIBNER, FRANK</b>		NAME <b>Lamson-Scribner, Frank</b>	
STREET ADDRESS <b>454 BOUCHELLE DRIVE, #101</b>		STREET ADDRESS <b>454 Bouchelle Dr. #101</b>	
CITY-ST-ZIP <b>NEW SMYRNA BCH, FL 32169</b>		CITY-ST-ZIP <b>New Smyrna Beach, FL 32169</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUMMO, ELIZABETH</b>		NAME	
STREET ADDRESS <b>452 BOUCHELLE DR #302</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CUMMO, PETER</b>		NAME <b>Cleare, Novells</b>	
STREET ADDRESS <b>452 COUCHELLE DR #302</b>		STREET ADDRESS <b>456 Bouchelle Dr. #204</b>	
CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>		CITY-ST-ZIP <b>New Smyrna Beach, FL 32169</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YEAPLE, RONALD</b>		NAME	
STREET ADDRESS <b>456 COUCHELLE DR #305</b>		STREET ADDRESS	
CITY-ST-ZIP <b>NEW SMYRNA BEACH, FL 32169</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORAN, EDWARD</b>		NAME <b>Moran, Edward</b>	
STREET ADDRESS <b>900 WOODCRAFT DRIVE</b>		STREET ADDRESS <b>900 Woodcraft Dr.</b>	
CITY-ST-ZIP <b>APOPKA, FL 32712</b>		CITY-ST-ZIP <b>Apopka, FL 32712</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Murdock, Frank</b>	
STREET ADDRESS		STREET ADDRESS <b>454 Bouchelle Dr #304</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>New Smyrna Beach, FL 32169</b>	

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.

<b>SIGNATURE:</b> <u>Elizabeth Cummo</u>	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date:</b> <u>4/20/06</u>	<b>Daytime Phone #</b> <u>386-426-5605</u>
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