

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90051 032 ****61.25

DOCUMENT # N31775 1. Entity Name BOUCHELLE ISLAND III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 450,452,454,456 BOUCHELLE DRIVE NEW SMYRNA BEACH, FL 32169 US				Mailing Address ATLANTIC COMM ASSOC MGMT & ACCT., INC. 507-C HERBERT STREET PORT ORANGE, FL 32129	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REIMER, R.L. 507-C HERBERT STREET PORT ORANGE, FL 32129				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMSON-STIBNER, FRANK		NAME	LAMSON - SCRIBNER, FRANK	
STREET ADDRESS	454 BOUCHELLE DR 101		STREET ADDRESS	454 BOUCHELLE DR #101	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMO, ELIZABETH		NAME	SCHAEDER, ROBERT	
STREET ADDRESS	452 BOUCHELLE DR #302		STREET ADDRESS	456 BOUCHELLE DR #305	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARIE, NOVELLS		NAME	CLEARIE, NOVELL	
STREET ADDRESS	456 BOUCHELLE DR 204		STREET ADDRESS	456 BOUCHELLE DR #204	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEAPLE, RONALD		NAME		
STREET ADDRESS	456 BOUCHELLE DR #305		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAN, EDWARD		NAME		
STREET ADDRESS	900 WOODCRAFT DR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURDOCK, FRANK		NAME		
STREET ADDRESS	454 BOUCHELLE DR 304		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP		
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: <u>Frank L. Scribner, Secretary</u> 3/22/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40004030



03152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2942701

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**