


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90323 035 \*\*\*\*61.25

<b>DOCUMENT # N31775</b> 1. Entry 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>	
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	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMSON-SCRIBNER, FRANK 454 BOUCHELLE DR #101 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Polgrean, Edward 452 Bouchelle Dr #304 New Smyrna Beach, FL 32169
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAEDER, ROBERT 456 BOUCHELLE DR #305 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schaedel, Robert 456 Bouchelle Dr. #305 New Smyrna Beach, FL 32169
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEARIE, NOVELLS 456 BOUCHELLE DR 204 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMO, ELIZABETH 452 BOUCHELLE DR #302 NEW SMYRNA BEACH, FL 32169
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORAN, EDWARD 900 WOODCRAFT DR APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCK, FRANK 454 BOUCHELLE DR 304 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Novell S. Clearie</u> <span style="float: right;">4/17/08</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					
NOVELL S. CLEARIE					

40083440



04032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2942701**

Applied For  
Not Applicable

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