

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40709

(0)

1. Corporation Name

BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

ALL FL. PROP. MGT., INC.
1301 BEVILLE RD. STE. 21
DAYTONA BEACH FL 32119
US

2180 W. SR 434
SUITE 5080
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1990

3a. Date of Last Report

03/25/1994

4. FEI Number

59-3037341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID HEDRICK,
ALL FLORIDA PROPERTY MGT. INC.
1301 BEVILLE ROAD, STE. 21
DAYTONA BEACH FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	WHITE, W. FRANK	444 BOUCHELLE DRIVE	NEW SMYRNA BCH FL
DVP	JEROME HUTCHINSON,	4 FAWN MEADOW PATH	WADING RIVER NY 41792
DST	ANTHONY SCERRA,	27 NORWOOD STREET	MARLBORO MD 01752
D	PANET PETERSON,	P.O. BOX 1025 N/A	DELEON SPRINGS FL 32130

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☒	☐
D VP	Naomi CRAWFORD	436 Bouchelle Drive, #401	New Smyrna Beach, FL 32169		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
DIRECTOR S T	Patricia WEAVER	444 Bouchelle Drive, #202	Daytona Beach, FL 32169		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Typed Name)

FEB 24 1995 42-8-6787