

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40709 (0)

1. Corporation Name

BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

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

Mailing Address

**1301 BEVILLE
SUITE 21
DAYTONA BEACH FL 32119
US**

3. Date Incorporated or Qualified
11/07/1990

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

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

☒ Yes ☐ No

24

25

Country

29

Zip

30

Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DR	<input checked="" type="checkbox"/> DELETE
NAME	WINTER, W. FRANK	
STREET ADDRESS	444 BOUCHELLE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CRAWFORD, NAOMI	
STREET ADDRESS	436 BOUCHELLE DR #401	
CITY-ST-ZIP	NW SMYRNA BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WEAVER, PATRICIA	
STREET ADDRESS	444 BOUCHELLE DR #202	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	President/Adv. Bd /Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Roy Hankins	
13 STREET ADDRESS	444 Bouchelle Dr. #303	
14 CITY-ST-ZIP	New Smyrna Beach, FL 32169	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Naomi Crawford V. Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 904 423-3792
Date Daytime Phone #

CR2E037 (12/95)