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NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # N40709

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BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address												
Some percentage of Country South April 1990 S	Principal Place	of Business	Mailing Address							411 B1831 B1811	41811 91811 1981	
US 2. Principal Place of Business 2. Authority Place 3. Country 3. Name and Address of Current Registered Agent 3. Name 3. Name and Address of Current Registered Agent 4. CRY 4. FE Number 4. Ended of Status Desired 5. Contingue of Status Desired 5. Contin	1301 BEVILLE	RD. STE. 21	SUITE 21									
Substance Subs						3						
Section State Section State Section	2. Principal Pla	ice of Business	<u>├</u>	-			4					
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25 26 30 Florido Statutes No. Name and Address of Current Registered Agent 10. Name and Address of New Re	City & State		28	•				Trust Fund Contribution		Added	d to Fees	
9. Name and Address of Current Registered Agent DAVID HEDRICK, ALL FLORIDA PROPERTY MGT. INC. 1301 BEVILLE ROAD. STE. 21 DAYTONA BEACH FL. 3219 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 agent. or both, in the State of Florida. Such release was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Sections Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ASSENTIATIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ASSENTIATIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CHANGES AND AND AND ASSENTIATIONS AND		<u>⊢</u> ′	├	—	ıntry		8		· 🏊 · 🕳			
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SIGNATURE	or registere	ed agent, or both, in the State of Floric	ta. Such change was authorize	s, the abo	LI ove-n corpo	amed co oration's	rporation board of	submits this statement for the pur directors. I hereby accept the appo	nose of cha	enging its re	egistered office agent. I am	
12		h, and accept the obligations of, Secti	on 617.0503, Florida Statutes.									
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 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												
	CITY-ST-ZIP	v certify that the information supplied	with this filing is voluntarily furni	■ 640 shed and	doe:	i - ZIP s not qua	lify for the	e exemption stated in Section 119.	07(3)(k), Fic	orida Statut	tes. 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 attrachment with an address.

SIGNATURE: / Come Craw Did V. Pros.

3-13-96 904 423-3792 Date Date Dayme Proce R2E037 (12/95)