

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40709** (0)  
1. Corporation Name  
**BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>1301 BEVILLE RD. STE. 21 DAYTONA BEACH FL 32119 US</b>	Mailing Address <b>1301 BEVILLE SUITE 21 DAYTONA BEACH FL 32119 US</b>
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3. Date Incorporated or Qualified <b>11/07/1990</b>	
4. FEI Number <b>59-3037341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 All Florida Realty Services</b> Suite, Apt. #, etc.	2a. Mailing Address <b>28</b> Suite, Apt. #, etc.
22 City & State <b>23</b>	27 City & State <b>28</b>
24 Zip <b>25</b>	29 Zip <b>30</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVID HEDRICK,**  
~~ALL FLORIDA REALTY INC~~ **Realty**  
**1301 BEVILLE ROAD, STE. 21**  
**DAYTONA BEACH FL 32119**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 *David E. Hedrick* **David E. Hedrick, CAM** **2/24/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANKINS, ROY</b>	1.2 NAME	
STREET ADDRESS	<b>444 BOUCHELLE DRIVE #303</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, NAOMI</b>	2.2 NAME	
STREET ADDRESS	<b>436 BOUCHELLE DR #401</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NW SMYRNA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEAVER, PATRICIA</b>	3.2 NAME	
STREET ADDRESS	<b>444 BOUCHELLE DR #202</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>TD</b>
3.2 NAME	<b>Elizabeth Conlon</b>
3.3 STREET ADDRESS	<b>444 Bouchelle Dr. #201</b>
3.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32169</b>
4.1 TITLE	<b>SD</b>
4.2 NAME	<b>Naomi Crawford</b>
4.3 STREET ADDRESS	<b>436 Bouchelle Dr. #401</b>
4.4 CITY-ST-ZIP	<b>New Smyrna Beach, FL 32169</b>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Roy W. Hankins* **Roy Hankins**

**2/24/98**

CFR2037 (10/97)