


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90135 037 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N40709</b>					
1. Corporation Name <b>BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC</b>					
Principal Place of Business <b>ALL FLORIDA REALTY SERVICES</b> <b>1301 BEVILLE RD. STE. 21</b> <b>DAYTONA BEACH FL 32119</b> <b>US</b>			Mailing Address <b>1301 BEVILLE</b> <b>SUITE 21</b> <b>DAYTONA BEACH FL 32119</b> <b>US</b>		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/07/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 444 Bouchelle Dr.		27		59-3037341	
City & State		City & State		Applied For	
23 New Smyrna Beach, FL		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
24 32169		25 Volusia		29	
30		30		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

DAVID HEDRICK,  
ALL FLORIDA REALTY SERVICES  
1301 BEVILLE ROAD, STE. 21  
DAYTONA BEACH FL 32119

81 Name **Jack Pollard, CAM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**All Florida Realty Services, Inc.**  
 83 **1301 Beville Rd. #21**  
 84 City **Daytona Beach** **FL** 85 Zip Code **32119**

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKINS, ROY	1.2 NAME	
STREET ADDRESS	444 BOUCHELLE DRIVE #303	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, NAOMI	2.2 NAME	Robert Svedlund
STREET ADDRESS	436 BOUCHELLE DR #401	2.3 STREET ADDRESS	444 Bouchelle Dr. #302
CITY-ST-ZIP	NW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLON, ELIZABETH	3.2 NAME	
STREET ADDRESS	444 BOUCHELLE DR #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, NAOMI	4.2 NAME	Robert Svedlund
STREET ADDRESS	436 BOUCHELLE DR #401	4.3 STREET ADDRESS	444 Bouchelle Dr. #302
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
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	

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, with all other like empowered.

SIGNATURE: *Robert Svedlund* **3-8-99** **904-409-0336**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)