

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40709

1. Entity Name

BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90092 027 ****61.25

Principal Place of Business

C/O ALL FLORIDA REALTY SERVICES, INC.
1301 BEVILLE RD. #21
DAYTONA BEACH FL 32119
US

Mailing Address

C/O ALL FLORIDA REALTY SERVICES, INC.
1301 BEVILLE RD. #21
DAYTONA BEACH FL 32119
US

2. Principal Place of Business

3. Mailing Address

c/o Atlantic Comm Assoc Mgmt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

507-C Herbert Street

City & State

City & State

Port Orange, FL

Zip

Country

Zip

Country

32119

USA

4. FEI Number

59-3037341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTENSEN, C. JOHN ESQ
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-6525

Name

R.L. Reimer

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

507-C Herbert Street

City

Port Orange,

FL

Zip Code

32119

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME VORHIES, BEVERLY
STREET ADDRESS 444 BOUCHELLE DRIVE, #301
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPSD
NAME SVEDLUND, CAROLYN
STREET ADDRESS 444 BOUCHELLE DR, #302
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HUTCHINSON, ENID
STREET ADDRESS 444 BOUCHELLE DRIVE, #304
CITY-ST-ZIP NEW SMYRNA BCH FL 32169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ID
NAME Cooper, John
STREET ADDRESS 444 Bouchelle Drive #205
CITY-ST-ZIP New Smyrna Beach, FL 32169 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly J. Vorhies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

386-424-0395

Daytime Phone #

CR2E037 (10/00)