

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90900 007 ****61.25

DOCUMENT # N40709

1. Entity Name

BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

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

%ATLANTIC COMM ASSOC MGMT
 507-C HERBERT ST
 PORT ORANGE FL 32119
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

444 Bouchelle Drive

C/O All FL Realty Services

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Smyrna Beach, FL

Holly Hill FL

Zip

Country

Zip

Country

32169

US

32117

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

REIMER, R L
 507-C HERBERT ST
 PORT ORANGE FL 32119

All Florida Realty Services
 152 Ridgewood Avenue
 Holly Hill FL 32117

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

Monica A. Lewis

4/29/02

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 PD
 NAME Mendon, Gary
 STREET ADDRESS 444 Bouchelle DR #102
 CITY-ST-ZIP New Smyrna Beach, FL 32169 ☐ Change ☒ Addition

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

TITLE TD
 NAME Svedlund, Carolyn
 STREET ADDRESS 444 Bouchelle DR #302
 CITY-ST-ZIP New Smyrna Beach, FL 32169 ☒ Change ☐ Addition

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

TITLE VSD
 NAME Cooper, Wanda
 STREET ADDRESS 444 Bouchelle DR #205
 CITY-ST-ZIP New Smyrna Beach, FL 32169 ☐ Change ☒ Addition

TITLE D
 NAME COOPER, JOHN
 STREET ADDRESS 444 BOUCHELLE DR #205
 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☒ 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

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:

Signature Required 4-3-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

386-423-4075

CR2E037 (9/01)