


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90019 048 ****61.25

DOCUMENT # N40709 1. Entity Name BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 444 BOUCHELLE DRIVE NEW SMYRNA BEACH, FL 32169 US			Mailing Address C/O ALL FL REALTY SERVICES 152 RIDGEWOOD AVE DAYTONA BEACH, FL 32117 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3037341	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALL FLORIDA REALTY SERICES 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD Steib	<input type="checkbox"/> Delete			
NAME	STRIBO, BOB				
STREET ADDRESS	444 BOUCHELLE DRIVE #103				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169				
TITLE	VPD Hankins	<input type="checkbox"/> Delete			
NAME	HANKINS, ELAINE				
STREET ADDRESS	444 BOUCHELLE DRIVE #303				
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	KING, WILLIAM ROBERT				
STREET ADDRESS	444 BOUCHELLE DRIVE				
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32169				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	Steib, Paul				
CITY-ST-ZIP					
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	Hankins, Elaine				
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 fees empowered.					
SIGNATURE <i>Elaine Hankins</i> 3/18/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					