

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 003 ****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**

40095524



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3037341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALL FLORIDA REALTY SERVICES
152 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117**

7. Name and Address of New Registered Agent

Name
Quality Condominium Mgmt
Street Address (P.O. Box Number is Not Acceptable)
4536 S. Clyde Morris #2
City
Port Orange FL Zip Code
32129

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

Botheemy S. Bolde

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

(NOTE: Registered Agent signature required when reissuing)

DATE

4-29-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HANKINS, ELAINE
444 BOUCHELLE DRIVE #303
NEW SMYRNA BEACH, FL 32169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FAIRWEATHER, MARGE
444 BOUCHELLE DR. # 304
NEW SMYRNA BCH, FL 32129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WEGMAN, JOSEPH
3120 WARSAW AVE
CINCINNATI, OH 45205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Botheemy S. Bolde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-07 *man...*

386-767-5600