# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2009**
**Secretary of State**

DOCUMENT# N40709

**Entity Name:** BOUCHELLE ISLAND IV CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

444 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O QUALITY CONDO MGMT
4536 S. CLYDE MORRIS #2
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number: 59-3037341** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUALITY CONDOMINIUM MGMT
4536 S. CLYDE MORRIS #2
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete
Name: HANKINS, ELAINE
Address: 444 BOUCHELLE DRIVE #303
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P ( ) Delete
Name: FAIRWEATHER, MARGE
Address: 444 BOUCHELLE DR, # 304
City-St-Zip: NEW SMYRNA BCH, FL 32129

Title: T ( ) Delete
Name: WEGMAN, JOSEPH
Address: 3120 WARSAW AVE
City-St-Zip: CINCINNATI, OH 45205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition
Name: HANKINS, ELAINE
Address: 444 BOUCHELLE DRIVE #203
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P (X) Change ( ) Addition
Name: FAIRWEATHER, MARGE
Address: 444 BOUCHELLE DR, # 305
City-St-Zip: NEW SMYRNA BCH, FL 32129

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE PARRY CAM 01/26/2009

Electronic Signature of Signing Officer or Director — Date