2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N47888

1. Entity Name

BOUCHELLE ISLAND VIII CONDOMINIUM ASSOCIATION, INC.

FILED Feb 09, 2006 08:00 AM Secretary of State

Principal Place of Business

404 BOUCHELLE DRIVE

SIGNATURE:

NEW SMYRNA BEACH, FL 32169 US

Mailing Address

METRO DAYTONA PROPERTY P.O. BOX 291973

PORT ORANGE, FL 32129 US



01302006 No Chg-NP DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-3114825 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E037 (11/05)

6. Name and Address of Current Registered Agent

METRO DAYTONA PROPERTY 3509 CANAL STREET STE D NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

					a
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 Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematiting) DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
16. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, MARY 404 BOUCHELLE DR. #203 NEW SMYRNA BEACH, FL 32169	**		gymyny a	·····································
TITLE WAME STREET ADDRESS CITY-SI-ZIP	VP DONALD, ANDREW 2662 ARLINGTON AVE NEW SMYRNA BEACH, FL 32168				02/21/06-80007-012 61.25
TITLE MAME STREET ADDRESS DITY-ST-ZIP	ST CASS, BONNIE 404 BOUCHELLE DR #202 NEW SMYRNA BCH, FL 32169			DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZP				IN	THIS SPACE
TITLE HAME STREET ADDRESS CITY-SI-ZIP					
TITLE MAME STREET ADDRESS GITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 employered 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 affacting or with an address living all other like employeers.					