

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N47888	
1. Entity Name BOUCHELLE ISLAND VIII CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 404 BOUCHELLE DRIVE NEW SMYRNA BEACH, FL 32169 US	Mailing Address METRO DAYTONA PROPERTY P.O. BOX 291973 PORT ORANGE, FL 32129 US
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03312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3114825	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000725968 05/03/07-80044-011 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, MARY 404 BOUCHELLE DR. #203 NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD, ANDREW 2662 ARLINGTON AVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASS, BONNIE 404 BOUCHELLE DR #202 NEW SMYRNA BCH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mary D. Mitchell **3-31-07** **386-423-1069**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #