

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47888

FILED
Feb 03, 2009
Secretary of State

Entity Name: BOUCHELLE ISLAND VIII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

404 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

METRO DAYTONA PROPERTY
P.O. BOX 291973
PORT ORANGE, FL 32129 US

New Mailing Address:

METRO DAYTONA PROPERTY
P.O. BOX 1021
NEW SMYRNA BEACH, FL 32170 US

FEI Number: 59-3114825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

METRO DAYTONA PROPERTY
103 ASIRE CT
NEW SMYRNA BEACH, FL 32169 US

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: SUSAN SOLON

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MITCHELL, MARY
Address: 404 BOUCHELLE DR. #203
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP () Delete
Name: DONALD, ANDREW
Address: 2662 ARLINGTON AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ST () Delete
Name: CASS, BONNIE
Address: 404 BOUCHELLE DR #202
City-St-Zip: NEW SMYRNA BCH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRALEY, STONY
Address: 404 BOUCHELLE DR. #204
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP (X) Change () Addition
Name: SCHILD, LENI
Address: 404 BOUCHELLE DR 202
City-St-Zip: NEW SMYRNA BEACH, FL 32169 FL

Title: ST (X) Change () Addition
Name: CASS, BONNIE
Address: 404 BOUCHELLE DR 105
City-St-Zip: NEW SMYRNA BCH, FL 32169 FL

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: STONEY FRALEY

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02/03/2009

Electronic Signature of Signing Officer or Director

Date