

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90022 001 ****61.25

DOCUMENT # N47890

1. Entity Name
BOUCHELLE ISLAND IX CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**440 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169 US**

Mailing Address
**C/O METRO DAYTONA PROPERTY
PO BOX 291973
PORT ORANGE, FL 32129 US**

40010067



DO NOT WRITE IN THIS SPACE

01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3114830

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOLOM, SUSAN MS.
103 ASIRE CT.
NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PACKER, KATHLEEN
440 BOUCHELLE DR #105
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
FINTA, R.
440 BOUCHELLE DR #303
NEW SMYRNA BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BRADBARY, LEE
440 BOUCHELLE DR., 203
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kay Packer Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05
Date

Daytime Phone #