

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 005 ****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**

40095522



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3114830

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Boychelle Condominium Mgmt
Street Address (P.O. Box Number is Not Acceptable)
4536 S. Clyde Morris #2
City
Port Orange FL Zip Code
32129

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-07 386-767-5000