

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47890

FILED
Mar 26, 2008
Secretary of State

Entity Name: BOUCHELLE ISLAND IX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

440 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

C/O METRO DAYTONA PROPERTY
4536 S CLYDE MORRIS 2
PORT ORANGE, FL 32129 US

New Mailing Address:

C/O QUALITY CONDOMINIUM MANAGEMENT
4536 S CLYDE MORRIS 2
PORT ORANGE, FL 32129 US

FEI Number: 59-3114830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALITY CONDOMINIUM MGMT
4536 S CLYDE MORRIS 2
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PACKER, KATHLEEN
Address: 440 BOUCHELLE DR #105
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: FINTA, R.
Address: 440 BOUCHELLE DR #303
City-St-Zip: NEW SMYRNA BEACH, FL

Title: T () Delete
Name: BRADBARY, LEE
Address: 440 BOUCHELLE DR., 203
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BRADBURY, LEE
Address: 440 BOUCHELLE DR., 203
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: KATHLEEN PACKER

PD

03/26/2008

Electronic Signature of Signing Officer or Director

Date