## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N93000001282

Entity Name: BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC.

Apr 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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406 BOUCHELLE DR

NEW SMYRNA BEACH, FL 32169 US

**Current Mailing Address: New Mailing Address:** 

ALL FLORIDA REALTY SERVICES, INC 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117

FEI Number: 59-3173608 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAINS, MARISA A CAM ALL FLORIDA REALTY SERVICES, INC.

2500 MAITLAND CENTER PARK 152 RIDGEWOOD AVENUE SUITE 209

HOLLY HILL, FL 32117 MAITLAND, FL 32751

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.

BECKER & POLIAKOFF

SIGNATURE: C. JOHN CHRISTENSEN 04/09/2002

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition ALLEN, EDWARD BARON, IDA Name: Name: 406 BOUCHELLE DR, #204 Address: 406 BOUCHELLE DRIVE #102 Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: Title: (X) Change ( ) Addition () Delete

Name: BARON, IDA Name: VAN WYCK, WANDA

Address: 406 BOUCHELLE DRIVE, #102 Address: 406 BOUCHELLE DRIVE #106 City-St-Zip: NEW SMYRNA BEACH, FL City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete Title: () Change () Addition

HALL, DONALD Name: Name: 406 BOUCHELLE DRIVE #205 Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: ALLEN, KATHY Name: HOECK, MARY

406 BOUCHELLE DRIVE #101 Address: 406 BOUCHELLE DR. #101 Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IDA BARON PD 04/09/2002