

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001282

FILED
Feb 08, 2012
Secretary of State

Entity Name: BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

406 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

406 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT & ACCTNG INC
507 HERBERT STREET, STE. C
PORT ORANGE, FL 32129 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

YACEK, RENNY M
507 HERBERT STREET
C
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
Name: GRUNDERMAN, DAVE
Address: 101 ROCKINGHAM CT
City-St-Zip: LONGWOOD, FL 32779

Title: VPD
Name: MARTINY, SANDY
Address: 406 BOUCHELLE DR. #105
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD
Name: JUDGE, BEVERLY
Address: 406 BOUCHELLE DR 205
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: CHUEY, TRACY
Address: 406 BOUCHELLE DRIVE #202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: CHUEY, LYNN
Address: 406 BOUCHELLE DRIVE #102
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 all other like empowered.

SIGNATURE: BEVERLY JUDGE

STD

02/08/2012

Electronic Signature of Signing Officer or Director

_____ Date