

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001877

FILED
Sep 07, 2007
Secretary of State

Entity Name: BOUCHELLE ISLAND XII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

438 BOUCELLE DRIVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

4536 S. CLYDE MORRIS BLVD., #2
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3177566 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUALITY CONDOMINIUM MANAGEMENT LLC.
4536 S. CLYDE MORRIS BLVD., #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: SEARLES, RALPH D
Address: 2785 FOX RUN
City-St-Zip: APPLETON, WI 54914

Title: SD () Delete
Name: KOLESZAR, BILL
Address: 438 BOUCHELLE DR., #103
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: LYONS, JACK
Address: 438 BOUCHELLE DR #301
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: O'LEARY, PAT
Address: 438 BOUCHELLE DR #304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: CHILDERS, JIM
Address: 438 BOUCHELLE DR #402
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: RALPH SEARLES

PD

09/07/2007

Electronic Signature of Signing Officer or Director

Date