

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001877

FILED  
Apr 22, 2011  
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:**

QUALITY CONDO MGMT  
1100 OCEAN SHORE BLVD., SUITE 2  
ORMOND BEACH, FL 32175 US

**Current Mailing Address:**

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

**New Mailing Address:**

QUALITY CONDO MGMT  
P.O. BOX 1527  
ORMOND BEACH, FL 32175

**FEI Number:** 59-3177566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

ERTL & KISTEMAKER BUSINESS LAW GROUP  
1651 N. CLYDE MORRIS BLVD.  
SUITE 2  
DAYTONA BEACH, FL 32117 US

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: CHRISTENE M. ERTL

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SEARLES, RALPH D  
Address: 2785 FOX RUN  
City-St-Zip: APPLETON, WI 54914

Title: D  
Name: STUART, JOHN  
Address: 438 BOUCHELLE DRIVE #205  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: CHILDERS, JAMES  
Address: 8987 EAGLES RIDGE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: T  
Name: O'LEARY, PATRICK  
Address: 438 BOUCHELLE DR #304  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S  
Name: DEANA, ELAINE  
Address: 436 BOUCHELLE DRIVE #304  
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: RALPH SEARLES

P

04/22/2011

Electronic Signature of Signing Officer or Director

Date