

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 046 ****61.25

DOCUMENT # N93000005236

1. Entity Name
**BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**449 BOUCHELLE DR.
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**507-C HERBERT ST
PORT ORANGE, FL 32129**



04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3210933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REIMER, R.L.
507-C HERBERT ST.
PORT ORANGE, FL 32129**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SCHNEIDER, ANNE
449 BOUCHELLE DR #203
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LINK, JENNIFER
449 BOUCHELLE DR. #205
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CLAIR, HARRIETT
449 BOUCHELLE DR. #103
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #