

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N93000005272

1. Entity Name
BOUCHELLE ISLAND XV CONDOMINIUM ASSOCIATION,
INC.



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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

AN FLOIRDA REALTY SERVICES
152 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

Name

Street Address (P.O. Box Number is Not Acceptable)
45360 S. Club de Maris

City

Port Orange

FL

Zip Code
32129

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

Bethany S. Biddle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
GOODLOE, JOHN
609 S.W. 6TH AVENUE
FT. LAUDERDAL, FL 33315

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
ROBERTSON, GEORGE
434 BOUCHELLE DR #202
NEW SMYRNA BEACH, FL 32169

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SAVICH, SALLY
434 BOUCHELLE DR 105
NEW SMYRNA BEACH, FL 32169

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Bethany S. Biddle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-07 355-767-5600
Date Daytime Phone #

05-01-2007 90030 007 ****61.25

40095520



04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3212283

Applied For
Not Applicable

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