2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N93000005272

Entity Name: BOUCHELLE ISLAND XV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

434 BOUCHELLE DR.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3212283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUALITY CONDOMINIUM MGMT
4536 S CLYDE MORRIS #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: GOODLOE, JOHN
Address: 609 S.W. 6TH AVENUE
City-St-Zip: FT. LAUDERDAL, FL 33315

Title: T ( ) Delete
Name: ROBERTSON, GEORGE
Address: 434 BOUCHELLE DR #202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP ( ) Delete
Name: SAVICH, SALLY
Address: 434 BOUCHELLE DR 105
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GOODLOE, JOHN
Address: 434 BOUCHELLE DR #103
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: VP (X) Change ( ) Addition
Name: SAVICH, SALLY
Address: 434 BOUCHELLE DR #105
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: JOHN GOODLOE PD 03/16/2009

Electronic Signature of Signing Officer or Director — Date