2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

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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:

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
Name: GOODLOE, JOHN
Address: 434 BOUCHELLE DR #103
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T/S
Name: BELLES, KATHRYN
Address: 434 BOUCHELLE DR #402
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP
Name: STAINTON-JAFFE, BERNARD
Address: 434 BOUCHELLE DR #204
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D
Name: SAVICH, SALLY
Address: 434 BOUCHELLE DRIVE #105
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: ADRIANA HOLLANDER CAM 04/09/2010

Electronic Signature of Signing Officer or Director — Date