## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000005272

FILED Mar 01, 2011 Secretary of State

Entity Name: BOUCHELLE ISLAND XV CONDOMINIUM ASSOCIATION, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

434 BOUCHELLE DR.

NEW SMYRNA BEACH, FL 32169

**Current Mailing Address: New Mailing Address:** 

4536 S. CLYDE MORRIS #2 C/O ATLANTIC COMM ASSOC MGMT & ACCTNG INC

507-C HERBERT STREET PORT ORANGE, FL 32129 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: Name and Address of New Registered Agent:

QUALITY CONDOMINIUM MGMT 4536 S CLYDE MORRIS #2

507-C HERBERT STREET PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 US 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.

YACEK, RENNY M

SIGNATURE: RENNY M. YACEK 03/01/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

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

Title: STD

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

Title: VPD

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

Title:

Name: SAVICH, SALLY

434 BOUCHELLE DRIVE #105 Address: 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: JOHN GOODLOE PD 03/01/2011