

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90201 009 \*\*\*\*61.25

**DOCUMENT # N94000004542**

1. Entity Name

**BOUCHELLE ISLAND XVII CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**451 BOUCHELLE DR.  
NEW SMYRNA BEACH, FL 32169 US**

Mailing Address

**507 HERBERT ST  
STE C  
PORT ORANGE, FL 32129 US**



04202005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3351692**

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**

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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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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  
**VTD  
O'LEARY, PATRICK  
451 BOUCHELLE DR., #105  
NEW SMYRNA BEACH, FL 32169**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ROBINSON, BARBARA  
451 BOUCHELLE DR. #304  
NEW SMYRNA BEACH, FL 32169**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ROBINSON, JACK  
451 BOUCHELLE DR. #304  
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 exemption stated in Section 119.07(3)(i), 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 #

**JOHN H. ROBINSON**

**386-409-0742**