

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004542

FILED
Apr 15, 2009
Secretary of State

Entity Name: BOUCHELLE ISLAND XVII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

451 BOUCHELLE DR.
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

451 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address:

507 HERBERT ST
STE C
PORT ORANGE, FL 32129 US

New Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT & ACCTNG INC
507-C HERBERT STREET
PORT ORANGE, FL 32129 US

FEI Number: 59-3351692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIMER, R L
507-C HERBERT ST
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

REIMER, R L
507-C HERBERT STREET
PORT ORANGE, FL 32129 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.

SIGNATURE: _____

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBINSON, JACK
Address: 451 BOUCHELLE DR. #304
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: PHILPOTT, JAY
Address: 451 BOUCHELLE DR 303
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD () Delete
Name: HENDERSON, KATHY
Address: 1341 LACELOT WAY
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: PHILPOTT, JAY
Address: 451 BOUCHELLE DR #303
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD (X) Change () Addition
Name: HENDERSON, KATHY
Address: 451 BOUCHELLE DRIVE #302
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: JACK ROBINSON

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date