

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004653

FILED
Apr 15, 2009
Secretary of State

Entity Name: BOUCHELLE ISLAND XVIII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

407 BOUCHELLE DR.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

407 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

ATLANTIC COMM ASSN MGMT
507-C HERBERT STREET
PORT ORANGE, FL 32129

New Mailing Address:

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

FEI Number: 59-3212285

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 STREET
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: BORGERSON, SHARON
Address: 407 BOUCHELLE DR 105
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD () Delete
Name: RICH, RODNEY
Address: 407 BOUCHELLE DRIVE # 104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD () Delete
Name: HALL, PRISCELLA
Address: 907 BOUCHELLE DR #201
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BORGERSON, SHARON
Address: 407 BOUCHELLE DRIVE #105
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPTD (X) Change () Addition
Name: RICH, RODNEY
Address: 407 BOUCHELLE DRIVE # 104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD (X) Change () Addition
Name: HALL, PRISCELLA
Address: 407 BOUCHELLE DR #201
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: SHARON BORGERSON

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date