


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 049 ****61.25

DOCUMENT # N98000004666 1. Entity Name "BOUCHELLE ISLAND XIX CONDOMINIUM ASSOCIATION, INC."					
Principal Place of Business 424 BAUCHELLE DRIVE NEW SMYRNA BCH, FL 32169			Mailing Address 507-C HERBERT STREET PORT ORANGE, FL 32129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REIMER, R L 507-C HERBERT STREET PORT ORANGE, FL 32129			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	P/B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDT, DORIS		NAME	Sechen, Bernard	
STREET ADDRESS	424 BOUCHELLA DR, # 101		STREET ADDRESS	424 Bouchelle Dr # 201	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCO, JUAN		NAME	O'Banion, Raymond	
STREET ADDRESS	424 BOUCHELLE DR., # 101		STREET ADDRESS	POB # 851	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	St. Marys, GA 31558	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, JOSEPH		NAME	Turner, Donald	
STREET ADDRESS	1931 KIMBERWICKE CIR.		STREET ADDRESS	424 Bouchelle Dr # 102	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Bernard L. Sechen</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Bernard L. Sechen</u>		Date <u>4-21-06</u> Daytime Phone #	