


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90323 039 ****61.25

DOCUMENT # N98000004666					
1. Entity Name "BOUCHELLE ISLAND XIX CONDOMINIUM ASSOCIATION, INC."					
Principal Place of Business 424 BOUCHELLE DR NEW SMYRNA BCH, FL 32169			Mailing Address 507-C HERBERT STREET PORT ORANGE, FL 32129		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3600010	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <u><i>R. Reimer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/8/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SECHEN, BERNARD 424 BOUCHELLE DR 201 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pyster, Walter 424 Bouchelle Dr. #201 New Smyrna Beach, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OBANION, RAYMOND 424 BOUCHELLE DR #303 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, Paul 424 Bouchelle Dr. #305 New Smyrna Beach, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURNER, DONALD 424 BOUCHELLO DR #102 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, Paul 424 Bouchelle Dr. #305 New Smyrna Beach, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, Paul 424 Bouchelle Dr. #305 New Smyrna Beach, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACKSON, Paul 424 Bouchelle Dr. #305 New Smyrna Beach, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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><i>Paul L. Jackson</i></u> Paul L. Jackson <u>April 10, 02.</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					