

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005774

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** BOUCHELLE ISLAND XX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

413 BOUCHELLE DR  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

413 BOUCHELLE DR  
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

**FEI Number:** 59-3601085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DURKIN, TERRY  
413 BOUCHELLE DR  
NEW SMYRNA BEACH, FL 32169 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: P ( ) Delete  
Name: LILYFLORS, DALE  
Address: 433 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP ( ) Delete  
Name: JOHNSON, ED  
Address: 433 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ST ( ) Delete  
Name: DURKIN, TERRY  
Address: 433 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: HARPER, LORI  
Address: 433 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Delete  
Name: MACELI, FRANK  
Address: 433 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WILLICK, LORI  
Address: 433 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP (X) Change ( ) Addition  
Name: JOHNSON, ED  
Address: 427 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ST (X) Change ( ) Addition  
Name: DURKIN, TERRY  
Address: 413 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Change ( ) Addition  
Name: FALKNER, MERLE  
Address: 421 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY DURKIN

ST

03/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date