

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90046 048 ****61.25

DOCUMENT # N99000005774					
1. Entity Name BOUCHELLE ISLAND XX CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 413 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169			Mailing Address 413 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169 US		
2. Principal Place of Business - No P.O. Box # 433 BOUCHELLE DR		3. Mailing Address 433 BOUCHELLE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH, FL		4. FEI Number 59-3601085	
Zip 32169		Country UOLUSIA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DURKIN, TERRY 413 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent Name DURKIN, TERRY Street Address (P.O. Box Number is Not Acceptable) 1615 PGA BLVD City MELBOURNE FL Zip Code 32935		
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>TERRY DURKIN</u> <i>Terry Durkin</i>			DATE <u>2-5-07</u>		
Filing Fee is \$61.25 Due by May 1, 2007			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 P NAME WILICK, LORI STREET ADDRESS 433 BOUCHELLE DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME JOHNSON, ED STREET ADDRESS 427 BOUCHELLE DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE D NAME JOHNSON, ED STREET ADDRESS 427 BOUCHELLE DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME DURKIN, TERRY STREET ADDRESS 413 BOUCHELLE DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE S NAME DURKIN, TERRY STREET ADDRESS 1615 PGA BLVD CITY-ST-ZIP MELBOURNE FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FALKNER, MERLE STREET ADDRESS 421 BOUCHELLE DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE VP NAME FALKNER, MERLE STREET ADDRESS 421 BOUCHELLE DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE T NAME PERKINS, MYRNA STREET ADDRESS 419 BOUCHELLE DR CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>TERRY DURKIN</u> <i>Terry Durkin</i>			DATE <u>2-5-07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		