
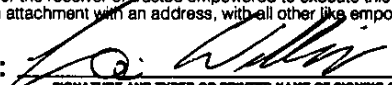


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90084 020 ****61.25

DOCUMENT # N99000005774 1. Entity Name BOUCHELLE ISLAND XX CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 433 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169			Mailing Address 433 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169 US		
2. Principal Place of Business - No P.O. Box # 419 Bouchelle Dr		3. Mailing Address 419 Bouchelle Dr			
Suite, Apt. #, etc. New Smyrna Beach, FL		Suite, Apt. #, etc. 			
City & State 32169		City & State New Smyrna Beach, FL			
Zip USA		Zip 32169		Country USA	
4. FEI Number 59-3601085					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DURKIN, TERRY 1615 PGA BLVD. MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 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	P WILLICK, LORI <input type="checkbox"/> Delete 433 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete JOHNSON, ED 427 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	0 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sharpe, Mark 415 Bouchelle Dr New Smyrna Beach, FL 32169	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete DURKIN, TERRY 1615 PGA BLVD MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete FALKNER, MERLE 421 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete PERKINS, MYRNA 419 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: 			1/07/08 386-424-9885 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					