

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005774

FILED
Jan 06, 2009
Secretary of State

Entity Name: BOUCHELLE ISLAND XX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

419 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

419 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

419 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169

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
1615 PGA BLVD.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

PERKINS, MYRNA
419 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169 US

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: MYRNA PERKINS

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: SHARPE, MATE
Address: 415 BOUCHELLE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: DURKIN, TERRY
Address: 1615 PGA BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: FALKNER, MERLE
Address: 421 BOUCHELLE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T () Delete
Name: PERKINS, MYRNA
Address: 419 BOUCHELLE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHARPE, MARK A
Address: 415 BOUCHELLE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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

Title: S & T (X) Change () Addition
Name: PERKINS, MYRNA
Address: 419 BOUCHELLE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Change () Addition
Name: WILLICK, LORI
Address: 650 MARISOL DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D (X) Change () Addition
Name: LILYFORS, DALE
Address: 425 BOUCHELLE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby certify that the information supplied with this filing does not qualify 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: MARK A. SHARPE

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date