


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90030 008 \*\*\*\*61.25

<b>DOCUMENT # N99000005776</b> 1. Entity Name <b>BOUCHELLE ISLAND XXI CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>152 RIDGEWOOD AVE HOLLY HILL, FL 32117</b>		Mailing Address <b>152 RIDGEWOOD AVE HOLLY HILL, FL 32117</b>	
2. Principal Place of Business - No P.O. Box # <b>420 Bouchelle Dr</b>		3. Mailing Address <b>4536 S Clyde Morris</b>	
Suite, Apt. #, etc. <b>New Smyrna Beach</b>		Suite, Apt. #, etc. <b>A 2</b>	
City & State <b>Port Orange FL</b>		City & State <b>Port Orange FL</b>	
Zip <b>32129</b>	Country <b>US</b>	Zip <b>32129</b>	Country <b>US</b>
4. FEI Number <b>59-3601083</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ALL FLORIDA REALTY SERVICES 152 RIDGEWOOD AVE HOLLY HILL, FL 32117</b>		7. Name and Address of New Registered Agent  <b>Quality Condominium Mgmt 4536 S Clyde Morris #2 Port Orange FL 32129</b>	
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>Bootheemy S. Bolelie</i></u>		DATE <u>4-29-07</u>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPALETTA, PHILLIP 34 LINK LN HICKSVILLE, NY 118016113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McGraw David 420 Bouchelle Dr New Smyrna Beach FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, CHRIS 420 BOUCHELLE DR #402 NEW SMYRNA BEACH, FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO Lynn Matthew 420 Bouchelle Dr New Smyrna Beach FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUFFY, BETTY 420 BOUCHELLE DR #203 NEW SMYRNA BEACH, FL 32169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Cook Charles 420 Bouchelle Dr New Smyrna Beach FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Arnes Charles 420 Bouchelle Dr New Smyrna Beach FL 32169
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
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><i>Bootheemy S. Bolelie</i></u>		Date <u>4-29-07</u> Daytime Phone # <u>386-767-8600</u>	

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