FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT #

N9300001283 (1)

BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC

·	ICLLE ISLAND XI CONDON	INTO WILL ASSOCIATION			
Principal Place	of Business	Mailing Address		1 (6.8(16.9) \$1.9 (0.10) \$4.00 \$4.00 \$4.00	MEIII ABeit Dhidt tiffill geber ibebe reit abbi
1301 BEVILLE ROAD SUITE 21 DAYTONA BCH FL 32326		1301 BEVILLE ROAD SUITE 21 DAYTONA BCH FL 329	%		
DATIONA BO	n (L 32820	DATIONAL DOTTE SES		3. Date Incorporated or Qualified 03/19/1993	3a. Date of Last Report 03/08/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26		4. FEI Number 59-3173605	Applied For Not Applicable
Suite, Apt. #	I, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zıp 24	Country 25	Zip 29	Country 30	7 101102 012110100	Ma Yes □ No
	Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	egistered Agent
			81 Name		
	K, DAVID W III VILLE RD.		82 Streel A	ddress (P.O. Box Number is Not Acceptabl	e)
SUITE 2			83		
	A BCH. FL 32119		84 City		FL 85 Zip Code
11. Pursuant t or register familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Sect	and 617.1508, Florida Statute da. Such change was authoriza ion 617.0503, Florida Statutes	es, the above named cor ed by the corporation's b	poration submits this statement for the pur poard of directors. I hereby accept the appo	pose of changing its registered office in introduced as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and the if continuing	TE: Registered Agent signature re-	numer when minstaling	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFE	ICERS AND DIRECTORS IN 12
TOTLE	XOM	EX DELETE	1.1 TITLE	President/Adv.Bd/D	ir. □XChange □ Addition
NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Arthur Condron	-
STREET ADDRESS	X434BON SHEKLEXDR X802X		1.3 STREET ADDRESS	443 Bouchelle Dr.	#303
CITY-ST-ZIP	NEW SMYRNA BOHK RIXXX H	Ŷ	1.4 CITY-ST-ZIP	New Smyrna Beach,	FL 32169
TITLE	XDX	□ XDELETE	21 TITLE	Vice-President/Dir	Change K Addition
NAME	XXONDRONXARTHUR X		22 NAME	Charlotte Reece	•
STREET ADDRESS	MACKBONGHEIDEXDRX#800X		2.3 STREET ADDRESS	443 Bouchelle Dr.	
CITY-ST-ZIP	NEW SMYFING BOHLFLASKIE	9k	2 4 CITY - ST - ZIP	New Smyrna Beach, Board Member/Dir.	FL 32169
TITLE	DST	DELETE	31 TITLE		Change 🔀 Addition
NAME	NORTON, EDWARD		3.2 NAME	Mary Conway	4000
STREET ADDRESS	443 BOUCHELLE DR. #105		3.3 STREET ADDRESS	443 Bouchelle Dr.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 3216		3.4. CITY - ST - ZIP	New Smyrna Beach,	
TITLE		DELETE	4.1 TITLE	Board Member /Dir.	Change 🙀 Addition
NAME			4. 2 NAME	Charles Bollinger	
STREET ADDRESS			4.3 STREET ADDRESS	443 Bouchelle Dr.	#305
CITY-ST-ZIP		Floriers	4 4 CITY-ST-7IP	New_Smyrna_Beach,	FL 32169 Addition
TITLE		DELETE	5 1 TITLE		El que iñe El vaculou
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[TIDE) FTE	5.4 CITY - \$1 - ZIP		Change Addition
THILE		DELETE	6.1 TITLE		Change C Madition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		DEIGNAL EN LA DIALA LA LA LA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if Ingriting the control of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 Sec-Pred

CR2E037 (12/95)