

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001283 (1)

1. Corporation Name
BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**1301 BEVILLE ROAD
SUITE 21
DAYTONA BCH FL 32926**

Mailing Address
**1301 BEVILLE ROAD
SUITE 21
DAYTONA BCH FL 32926**

3. Date Incorporated or Qualified
03/19/1993

3a. Date of Last Report
03/08/1995

4. FEI Number
59-3173605

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEDRICK, DAVID W III
1301 BEVILLE RD.
SUITE 21
DAYTONA BCH. FL 32119**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DX	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, MARX	
STREET ADDRESS	443 BOUCHELLE DR. #202X	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	DX	<input checked="" type="checkbox"/> DELETE
NAME	CONDON, ARTHUR X	
STREET ADDRESS	443 BOUCHELLE DR. #202X	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	NORTON, EDWARD	
STREET ADDRESS	443 BOUCHELLE DR. #105	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Adv.Bd/Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arthur Condon	
1.3 STREET ADDRESS	443 Bouchelle Dr. #303	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
2.1 TITLE	Vice-President/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charlotte Reece	
2.3 STREET ADDRESS	443 Bouchelle Dr. #204	
2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
3.1 TITLE	Board Member/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Conway	
3.3 STREET ADDRESS	443 Bouchelle Dr. #202	
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
4.1 TITLE	Board Member /Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles Bollinger	
4.3 STREET ADDRESS	443 Bouchelle Dr. #305	
4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE: Edward Norton Date: 3/13/96 Daytime Phone #: Sec-Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)