

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001283 (1)**  
1. Corporation Name  
**BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>1301 BEVILLE ROAD SUITE 21 DAYTONA BCH FL 32926</b>	Mailing Address <b>1301 BEVILLE ROAD SUITE 21 DAYTONA BCH FL 32119-1503</b>
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3. Date Incorporated or Qualified <b>03/19/1993</b>	3a. Date of Last Report <b>03/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number <b>59-3173605</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HEDRICK, DAVID W III  
1301 BEVILLE RD.  
SUITE 21  
DAYTONA BCH. FL 32119**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONDON, ARTHUR	
STREET ADDRESS	443 BOUCHELLE DR #303	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REECE, CHARLOTTE	
STREET ADDRESS	443 BOUCHELLE DR #204	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	NORTON, EDWARD	
STREET ADDRESS	443 BOUCHELLE DR. #105	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32189	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONWAY, MARY	
STREET ADDRESS	443 BOUCHELLE DR #202	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLLINGER, CHARLES	
STREET ADDRESS	443 BOUCHELLE DR #305	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charles Bollinger
2.3 STREET ADDRESS	443 Bouchelle Dr. #305
2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Board Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Charlotte Reece
5.3 STREET ADDRESS	443 Bouchelle Dr. #204
5.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Arthur Condon **ARTHUR CONDRON, Pres. 1-15-97 904 427 1231**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0002322

CR2E037 (9/96)