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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

DOCUMENT # N93000001283 (1)

1. Corporation Name

BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

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

**1301 BEVILLE ROAD
SUITE 21
DAYTONA BCH FL 32119-1503**

3. Date Incorporated or Qualified
03/19/1993

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CONDON, ARTHUR**
STREET ADDRESS **443 BOUCHELLE DR #303**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **REECE, CHARLOTTE**
STREET ADDRESS **443 BOUCHELLE DR #204**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Charles Bollinger**
2.3 STREET ADDRESS **443 Bouchelle Dr. #305**
2.4 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE **DST** ☐ DELETE
NAME **NORTON, EDWARD**
STREET ADDRESS **443 BOUCHELLE DR. #105**
CITY-ST-ZIP **NEW SMYRNA BCH. FL 32169**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CONWAY, MARY**
STREET ADDRESS **443 BOUCHELLE DR #202**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BOLLINGER, CHARLES**
STREET ADDRESS **443 BOUCHELLE DR #305**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

5.1 TITLE **Board Member** ☒ Change ☐ Addition
5.2 NAME **Charlotte Reece**
5.3 STREET ADDRESS **443 Bouchelle Dr. #204**
5.4 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur CONDRON, Pres. 1-15-97 904 427 1231

Date

Daytime Phone 904 427 1231

CR2E037 (9/96)