


FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
1301 BEVILLE ROAD SUITE 21 DAYTONA BCH FL 32926		1301 BEVILLE ROAD SUITE 21 DAYTONA BCH FL 32926	
2. Principal Place of Business	2a. Mailing Address	21. All Florida Services	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Country
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified	03/19/1993
4. FEI Number	59-3173605
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HEDRICK, DAVID W/DK
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. City	
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: *David E. Hedrick* **David E. Hedrick, CAM** DATE: **2/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CONDON, ARTHUR	1.2 NAME	
STREET ADDRESS	443 BOUCHELLE DR #303	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	BOLLINGER, CHARLES	2.2 NAME	Edward Norton
STREET ADDRESS	443 BOUCHELLE DR #305	2.3 STREET ADDRESS	309 North St. #31
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	Buffalo, NY 14201
TITLE	DST	3.1 TITLE	DST
NAME	NORTON, EDWARD	3.2 NAME	Mary Conway
STREET ADDRESS	443 BOUCHELLE DR. #105	3.3 STREET ADDRESS	443 Bouchelle Dr. #202
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	D	4.1 TITLE	Board Member
NAME	CONWAY, MARY	4.2 NAME	Charles Bollinger
STREET ADDRESS	443 BOUCHELLE DR #202	4.3 STREET ADDRESS	443 Bouchelle Dr. #305
CITY-ST-ZIP	NEW SMYRNA BEACH FL	4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	BM	5.1 TITLE	
NAME	REECE, CHARLOTTE	5.2 NAME	
STREET ADDRESS	443 BOUCHELLE DR #204	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Edward J. Norton* **Edward Norton** DATE: **2/24/98**

CF2E037 (10/97)