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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001283

1. Corporation Name

BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**ALL FLORIDA REALTY SERVICES
SUITE 21
DAYTONA BCH FL 32926
US**

Mailing Address

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



2. Principal Place of Business

21
Suite, Apt. #, etc.
22 443 Bouchelle Dr.
City & State

23 New Smyrna Beach, FL

Zip Country
24 32169 25 Volusia

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State

Zip Country
29 30

3. Date Incorporated or Qualified

03/19/1993

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Jack Pollard, CAM
82 Street Address (P.O. Box Number is Not Acceptable)
All Florida Realty Services, Inc.
83 1301 Beville Rd. #21
84 City Daytona Beach FL 85 Zip Code 32119

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

Jack Pollard, CAM - 3-11-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	CONDON, ARTHUR	443 BOUCHELLE DR #303	NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/>
VD	NORTON, EDWARD	309 NORTH ST #31	BUFFALO NY 14201	<input checked="" type="checkbox"/>
DST	CONWAY, MARY	443 BOUCHELLE DR #202	NEW SMYRNA BCH. FL 32169	<input type="checkbox"/>
VM	BOLLINGER, CHARLES	443 BOUCHELLE DR #305	NEW SMYRNA BEACH FL 32169	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Mary Conway	443 Bouchelle Dr. #202	New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Charles Bollinger	443 Bouchelle Dr. #305	New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	James Martell	443 Bouchelle Dr. #102	New Smyrna Beach, FL 32169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MaryLee Babonas	4 Luther St.	Troy, NY 12180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Robert Olsen	443 Bouchelle Dr. #203	New Smyrna Beach, FL 32169	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-99 904-426-0674

CR2E037 (1/98)