

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90020 018 \*\*\*\*61.25

0002367

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/19/1993
Suite, Apt. #, etc. 22 443 Bouchelle Dr.	Suite, Apt. #, etc. 27	4. FEI Number 59-3173605
City & State 23 New Smyrna Beach, FL	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32169	Country 25 Volusia	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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

85 Zip Code  
 FL 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: *Jack Pollard, CAM* DATE: 3-11-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	CONDRON, ARTHUR 443 BOUCHELLE DR #303 NEW SMYRNA BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			1.2 NAME Mary Conway
STREET ADDRESS			1.3 STREET ADDRESS 443 Bouchelle Dr. #202
CITY-ST-ZIP			1.4 CITY-ST-ZIP New Smyrna Beach, FL 32169
TITLE VD	NORTON, EDWARD 309 NORTH ST #31 BUFFALO NY 14201	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME Charles Bollinger
STREET ADDRESS			2.3 STREET ADDRESS 443 Bouchelle Dr. #305
CITY-ST-ZIP			2.4 CITY-ST-ZIP New Smyrna Beach, FL 32169
TITLE DST	CONWAY, MARY 443 BOUCHELLE DR #202 NEW SMYRNA BCH. FL 32169	<input type="checkbox"/> DELETE	3.1 TITLE STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME James Martell
STREET ADDRESS			3.3 STREET ADDRESS 443 Bouchelle Dr. #102
CITY-ST-ZIP			3.4 CITY-ST-ZIP New Smyrna Beach, FL 32169
TITLE VM	BOLLINGER, CHARLES 443 BOUCHELLE DR #305 NEW SMYRNA BEACH FL 32169	<input type="checkbox"/> DELETE	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME MaryLee Babonas
STREET ADDRESS			4.3 STREET ADDRESS 4 Luther St.
CITY-ST-ZIP			4.4 CITY-ST-ZIP Troy, NY 12180
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME Robert Olsen
STREET ADDRESS			5.3 STREET ADDRESS 443 Bouchelle Dr. #203
CITY-ST-ZIP			5.4 CITY-ST-ZIP New Smyrna Beach, FL 32169
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Charles Bollinger* SIGNATURE REQUIRED V.P. DATE: 3-11-99 DAYTIME PHONE #: 904-426-0674

CR2E037 (1/198)