

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001283

1. Entity Name

BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90102 046 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O ALL FLORIDA REALTY SERVICES, INC. C/O ALL FLORIDA REALTY SERVICES, INC.  
1301 BEVILLE RD., #21 1301 BEVILLE RD., #21  
DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32119-1503  
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3173605 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTENSEN, C. JOHN  
BECKER & POLJAKOFF, P.A.  
3111 STIRLING RD.  
FT. LAUDERDALE FL 33312-6525

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOLLINGER, CHARLES	
STREET ADDRESS	443 BOUCHELLE DR. #305	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTELL, JAMES	
STREET ADDRESS	443 BOUCHELLE DR. #102	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONWAY, MARY	
STREET ADDRESS	443 BOUCHELLE DR #202	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE	VM	<input type="checkbox"/> Delete
NAME	BOLLINGER, CHARLES	
STREET ADDRESS	443 BOUCHELLE DR #305	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	BABONAS, MARYLEE	
STREET ADDRESS	4 LUTHER ST	
CITY-ST-ZIP	TROY NY 12180	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSEN, ROBERT	
STREET ADDRESS	443 BOUCHELLE DR. #203	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)