

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N93000001283

1. Entity Name

BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O ALL FLORIDA REALTY SERVICES, INC.
 1301 BEVILLE RD., #21
 DAYTONA BEACH FL 32119
 US

C/O ALL FLORIDA REALTY SERVICES, INC.
 1301 BEVILLE RD., #21
 DAYTONA BEACH FL 32119-1503
 US

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3173605

Applied For

Not Applicable

Zip

Country

Zip

Country

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** Delete
 NAME **BOLLINGER, CHARLES**
 STREET ADDRESS **443 BOUCHELLE DR. #305**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **MARTELL, JAMES**
 STREET ADDRESS **443 BOUCHELLE DR. #102**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **CONWAY, MARY**
 STREET ADDRESS **443 BOUCHELLE DR #202**
 CITY-ST-ZIP **NEW SMYRNA BCH. FL 32169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VM** Delete
 NAME **BOLLINGER, CHARLES**
 STREET ADDRESS **443 BOUCHELLE DR #305**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BABONAS, MARYLEE**
 STREET ADDRESS **4 LUTHER ST**
 CITY-ST-ZIP **TROY NY 12180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **OLSEN, ROBERT**
 STREET ADDRESS **443 BOUCHELLE DR. #203**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE Change 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)(f), 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:

James P. Martell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

904-427-1521

Daytime Phone #

CR2E037 (9/99)