

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM****Secretary of State****DOCUMENT # N93000001283****1. Entity Name**

BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC.

Principal Place of BusinessC/O ALL FLORIDA REALTY SERVICES, INC.
1301 BEVILLE RD., #21
DAYTONA BEACH
32119 US**Mailing Address**C/O ALL FLORIDA REALTY SERVICES, INC.
1301 BEVILLE RD., #21
DAYTONA BEACH
32119 US**2. Principal Place of Business**

C/O ALL FLORIDA REALTY SERVICES, INC.

3. Mailing Address

C/O ALL FLORIDA REALTY SERVICES, INC.

Suite, Apt. #, etc.

152 RIDGEWOOD AVENUE

HOLLY HILL
FL

Suite, Apt. #, etc.

152 RIDGEWOOD AVENUE

HOLLY HILL
FLZip
32117Country
USZip
32117Country
US**4. FEI Number**
59-3173605**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCHRISTENSEN C. JOHN
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD.
FT. LAUDERDALE
333126525 US

FL

7. Name and Address of New Registered Agent

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 _____ **04/26/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSEN ROBERT	
STREET ADDRESS	443 BOUCHELLE DR. #203	
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	VM	<input type="checkbox"/> Delete
NAME	BOLLINGER CHARLES	
STREET ADDRESS	443 BOUCHELLE DR #305	
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	STD	<input type="checkbox"/> Delete
NAME	MARTELL JAMES	
STREET ADDRESS	443 BOUCHELLE DR. #102	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOLLINGER CHARLES	
STREET ADDRESS	443 BOUCHELLE DR. #305	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN ROBERT	
STREET ADDRESS	443 BOUCHELLE DRIVE #203	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLINGER CHARLES F	
STREET ADDRESS	443 BOUCHELLE DR #305	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY MARY E	
STREET ADDRESS	443 BOUCHELLE DR #202	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDON ARTHUR	
STREET ADDRESS	443 BOUCHELLE DRIVE #303	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL JAMES	
STREET ADDRESS	443 BOUCHELLE DRIVE #102	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	

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 MARTELL**

PD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)