

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 Business C/O ALL FLORIDA REALTY SERVICES, INC. 1301 BEVILLE RD., #21 DAYTONA BEACH 32119 FL US	Mailing Address C/O ALL FLORIDA REALTY SERVICES, INC. 1301 BEVILLE RD., #21 DAYTONA BEACH 32119 FL US
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2. Principal Place of Business C/O ALL FLORIDA REALTY SERVICES, INC.	3. Mailing Address C/O ALL FLORIDA REALTY SERVICES, INC.
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Suite, Apt. #, etc. 152 RIDGEWOOD AVENUE	Suite, Apt. #, etc. 152 RIDGEWOOD AVENUE
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City & State HOLLY HILL FL	City & State HOLLY HILL FL
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Zip 32117	Country US	Zip 32117	Country US
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4. FEI Number
59-3173605

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRISTENSEN C. JOHN
 BECKER & POLIAKOFF, P.A.
 3111 STIRLING RD.
 FT. LAUDERDALE FL
 333126525 US

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 _____ DATE **04/26/2001**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 Day-time Phone #

CR2E037 (11/00)