



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 006 ****61.25

DOCUMENT # N93000001283 1. Entity Name BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 443 BOUCHELLE DRIVE NEW SMYRNA BEACH, FL 32169 US			Mailing Address 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>4536 S Clyde Morris</i> <i>Apt 2</i> <i>Port Orange FL</i>		40095521 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3173605	
Zip		Zip		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTENSEN, C. JOHN BECKER & POLIAKOFF, P.A. 3111 STIRLING RD. FT. LAUDERDALE, FL 33312-6525				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTELL, JAMES 443 BOUCHELLE DRIVE #102 NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Mac Adams Building 443 Bouchelle Dr #303 New Smyrna Beach FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LITTLE, ALAN 443 BOUCHELLE DR #205 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Order Ted 443 Bouchelle Drive New Smyrna Beach FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONWAY, MARY E 443 BOUCHELLE DR #202 NEW SMYRNA BCH., FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLINGER, CHARLES 443 BOUCHELLE DRIVE #305 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, EARL 443 BOUCHELLE DR #204 NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Botheamy S. Bolin</i> 4-29-07 386-767-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					