

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005236 (5)

1. Corporation Name  
**BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**X JAMES W KEEBLES XI  
X 102 HIGH POINT DRIVE  
X DAYTONA BEACH FL 32119**

2. Principal Place of Business 2a. Mailing Address  
**21 All Florida Prop. Mgmt. 26 1301 Beville Rd.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 1301 Beville Rd. #21 27 Suite 21  
City & State City & State  
23 Daytona Beach, FL 28 Daytona Beach, FL  
Zip Country Zip Country  
24 32119 25 USA 29 32119 30 USA**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**11/16/1993 04/27/1995**

4. FEI Number Applied For  
**59-3210933 Not Applicable**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**X KEEBLES, JAMES W XI  
X 102 HIGH POINT DRIVE  
X DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent  
**81 Name David Hedrick, CAM  
82 Street Address (P.O. Box Number is Not Acceptable) 1301 Beville Rd. #21  
83  
84 City Daytona Beach FL 85 Zip Code 32119**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David Hedrick* (NOTE: Registered Agent signature required when reinstating) DATE **4-11-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	X JAMES W KEEBLES XI	
STREET ADDRESS	X 102 HIGH POINT DRIVE	
CITY-ST-ZIP	X DAYTONA BEACH FL 32119	
TITLE	X STX	<input checked="" type="checkbox"/> DELETE
NAME	X DOMENICO PATRICK XI	
STREET ADDRESS	X 102 HIGH POINT DRIVE	
CITY-ST-ZIP	X DAYTONA BEACH FL 32119	
TITLE	X X	<input checked="" type="checkbox"/> DELETE
NAME	X ROSEMARY M. MALCOM XI	
STREET ADDRESS	X 102 HIGH POINT DRIVE X	
CITY-ST-ZIP	X DAYTONA BEACH FL 32119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Lawrence Skates	
3. STREET ADDRESS	449 Bouchelle Dr. #205	
4. CITY-ST-ZIP	New Smyrna Beach, FL 32169	
5. TITLE	Vice-President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Keith Noel	
7. STREET ADDRESS	783 Tomlinson Terrace	
8. CITY-ST-ZIP	Lake Mary, FL 32746	
9. TITLE	Secretary/Treasurer/Dir.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Joan Hyde	
11. STREET ADDRESS	1301 Over Brook Dr.	
12. CITY-ST-ZIP	Ormond Beach, FL 32174	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence P. Skates* DATE: March 20, 1996 904 423 6200 DAYTIME PHONE #

CR2E037 (12/95)

4-15-96