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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005236 (5)
1. Corporation Name
BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ALL FLORIDA PROPERTY MANAGEMENT 301 BEVILLE RD. #21 BAYTONA BEACH FL 32119	Mailing Address 1301 BEVILLE RD. SUITE 21 BAYTONA BEACH FL 32119-1503
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3. Date Incorporated or Qualified 11/16/1993	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3210933	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HEDRICK, DAVID CAM
1301 BEVILLE RD. #21
DAYTONA BEACH FL 32119**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SKATES, LAWRENCE	
STREET ADDRESS	449 BOUCHELLE DR. #205	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NOEL, KEITH E	
STREET ADDRESS	783 TOMLINSON TERRACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HYDE, JOAN	
STREET ADDRESS	1301 OVER BROOK DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beverly Middleton	
1.3 STREET ADDRESS	449 Bouchelle Dr. #204	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack Haizlip	
2.3 STREET ADDRESS	449 Bouchelle Dr. #203	
2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marci Skates	
3.3 STREET ADDRESS	449 Bouchelle Dr. #205	
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Beverly Middleton* Beverly MIDDLETON, Pres. 1-15-97
904 428 7916
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0002311

CR2E037 (9/96)