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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N93000005236 (5)

BOUCHELLE ISLAND XIV CONDOMINIUM ASSOCIATION, IN

Principal Place of Business Mailing Address						( 10011101 ATA 101100 15111 SAUL DOUG OBST OBJET SAUL BEIDT ATTE THE THE ATTE SAUL		
MIX XIXAGM MACHENTY MAGNETHER		1301 BEVILLE RD.				3. Date incorporated or Qualified		<del></del>
301 BEVILLE RD. #21 . BAYTONA BEACH FL 32119		SUITE 21 BAYTONA BEACH FL 32119		11/16/1993				
DATIONA DENOTITE SETTS		DATIONA DERON PL 32119			4. FEI Number	A	oplied For	
						59- <u>32</u> 10933	N-	ot Applicable
	lace of Business Realty	2a. Mailing Address				5. Certificate of Status Desired		Additional
21 All Florida Services Suite, Apt. #, etc.		Suite, Apt. #, etc.				equired		
22 Suite, Apt.	#, etc.	27		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to			
City & State		City & State		7. Is this nonprofit corporation a homeowner				
23		28			□ No			
Zip	Country	Zip		untry		8. This corporation owes or has paid the cur		
24	26	Double and Agent	30		<del></del>			□ No
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered	Agent	
HEDDIC	L DAVED CARE			81				
	K, DAVID CAM EVILLE RD. #21			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	NA BEACH FL 32119			83			<u> </u>	
<b>B</b> 11110.	W DENVILLE VELLY			84	City		85 Zip	Code
						FL	<u> </u>	
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State c	and 617.1508, Florida Statutof Florida, Such change was a	es, the a authorize	above ed by	-named corporation	pration submits this statement for the purpose of on's board of directors. I hereby accept the app	f changing i pointment as	ts registered registered
agent. I a	m familiar with, and accept the obligat					on's board of directors. I hereby accept the app		
SIGNATURE David E. Hedrick, CAM Sychology Pythio for pringed name of registering agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								<del></del>
12.	OFFICERS AND		13.		It Bigration of Fasquitte	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	R\$ IN 12
TITLE	STD	DELETE	1.1 %	FITLE			Change	Addition
NAME	SKATES, MARCI		1.2 N	NAME				
STREET ADDRESS	449 BOUCHELLE DR. #205		1.3 S	STREET	ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL	T profess	_	CITY-ST	- ZIP		T 01	T T A Abbie
TITLE	VPD	DELETE	2.1 T		1		Change	Addition
NAME		A SE POLICIES I P. DR. HOLD			I .			
STREET ADDRESS	NEW OLAUDIA DOLLE			NAME				
AND AT THE			2.3 S	STREET	ADDRESS		_ •	
CITY-ST-ZIP TITLE	NEW SMYRNA BCH FL	C I DELETE	2.3 S 2. 4 C	STREET /			Change	Addition
CITY-ST-ZIP TITLE NAME	NEW SMYRNA BCH FL	DELETE	2.3 S 2. 4 C 3.1 T	STREET /			Change	Addition
TITLE	NEW SMYRNA BCH FL DP MIDDLETON, BEVERLY 449 BOUCHELLE DR #204	☐ DELETE	2.3 S 2.4 ( 3.1 T 3.2 N	STREET / CITY-S' TITLE NAME			Change	Addition
TITLE NAME	NEW SMYRNA BCH FL DP MIDDLETON, BEVERLY	DELETE	2.3 S 2. 4 ( 3.1 Ti 3.2 N 3.3 S	STREET / CITY-S' TITLE NAME	T-ZIP  ADORESS		Change	Addition
TITLE NAME STREET ADDRESS	NEW SMYRNA BCH FL DP MIDDLETON, BEVERLY 449 BOUCHELLE DR #204	☐ DELETE	2.3 S 2. 4 ( 3.1 Ti 3.2 N 3.3 S	CITY - S' CITY - S' TITLE NAME STREET /	T-ZIP  ADORESS	, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition Addition
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14. I hereby certify that the information supplied with this filling 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 trusted impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 12 or Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that my name appears in Block 13 /r Phangad, brong a state that m

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Secretary of State