

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001283

**Entity Name:** BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

443 BOUCHELLE DRIVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

BOUCHELLE ISLAND XI  
P.O. BOX 1527  
ORMOND BEACH, FL 32175 US

**FEI Number:** 59-3173605

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KREINEST, DEBORAH E.  
BOUCHELLE ISLAND XI  
P.O. BOX 1527  
ORMOND BEACH, FL 32175 US

*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:** DEBORAH KREINEST

04/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GALEY, NANCY  
Address        443 BOUCHELLE DRIVE #101  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           PRESIDENT  
Name           MANN, F. CHRIS  
Address        443 BOUCHELLE DR. #201  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           DIRECTOR  
Name           STUMP, RANDALL  
Address        P.O. BOX 804  
City-State-Zip: NEW SMYRNA BEACH FL 32170

Title           DIRECTOR  
Name           MACADAMS, BARBARA  
Address        443 BOUCHELLE DRIVE #303  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** F. CHRIS MANN

PRESIDENT

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date