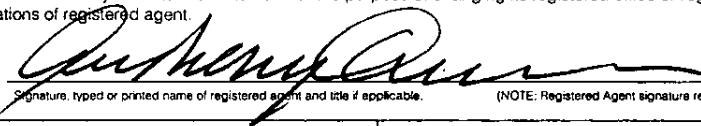
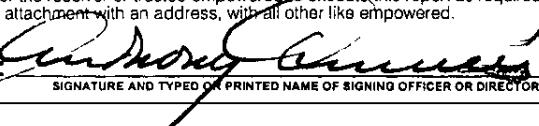


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 06, 2008 8:00 am  
Secretary of State**

03-06-2008 90043 042 \*\*\*\*61.25

DOCUMENT # N06000005054		
1. Entity Name <b>BOUCHELLE ISLAND XVIII CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>3424 S. ATLANTIC AVE. DAYTONA BCH SHORES, FL 32118</b>		Mailing Address <b>285 W. DUNDEE RD. PALATINE, IL 60067</b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
THURLOW, ROBERT S 3424 S. ATLANTIC AVE DAYTONA BEACH, FL 32118		Name <i>Anthony DiMucci</i> Street Address (P.O. Box Number is Not Acceptable) <b>3424 S. Atlantic Ave</b> City <i>Daytona Beach</i> FL Zip Code <i>32118</i>
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.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE <i>2-27-08</i>
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE D <input type="checkbox"/> Delete NAME DIMUCCI, ANTHONY STREET ADDRESS 285 W. DUNDEE RD. CITY-ST-ZIP PALATINE, IL 60067		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D <input type="checkbox"/> Delete NAME VIHLEN, SID STREET ADDRESS 200 N. PARK AVE., SUITE 200 CITY-ST-ZIP SANFORD, FL 32771		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME LECLAIRE, CORINNE STREET ADDRESS 3424 S. ATLANTIC AVE. CITY-ST-ZIP DAYTONA BCH SHORES, FL 32118		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<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  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>2-27-08</i> Daytime Phone # <i>817 491 0800</i>