

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40879 (1)**  
1. Corporation Name  
**BOUCHELLE ISLAND VII CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 3767 PO BOX 320757 COCOA FL 32924</b>	Mailing Address <b>P.O. BOX 3767 PO BOX 320757 COCOA FL 32924-3767</b>
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3. Date Incorporated or Qualified <b>11/19/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3038517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Zip	<b>30</b> Country

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**PEEPLES, JAMES W. III  
505 NORTH ORLANDO AVENUE  
PO BOX 320757  
COCOA BEACH FL 32932-0757**

81 Name <b>Malcolm R. Kirschenbaum</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>402 High Point Dr</b>
84 City <b>Cocoa</b>
85 State <b>FL</b>
86 Zip Code <b>32924</b>

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MCDANIEL, LARRY</b>		1.2 NAME	
STREET ADDRESS <b>402 HIGH POINT DR.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>COCOA FL 32924</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KIRSCHENBAUM, MALCOLM R.</b>		2.2 NAME	
STREET ADDRESS <b>402 HIGH POINT DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>COCOA FL 32924</b>		2.4 CITY-ST-ZIP	
TITLE <b>TSD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DIDOMENICO, PATRICK E</b>		3.2 NAME	
STREET ADDRESS <b>402 HIGH POINT DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>COCOA FL 32924</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **Malcolm R. Kirschenbaum**

407/632-4936  
DATE: **4/17/97** DAYTIME PHONE: **0019079**

CR2E037 (9/96)