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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham s

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N93000001282 (3)

BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address SALVA SUBE STORCHOOLOGGOOD HOW WOURHECKEN DRINGER MEN KONYINIK ROKOLOGIK 20069K **HISWKSKINTINAKIBEACH PLX02169** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1993 02/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 All Florida Prop. Mgmt 59-3173608 1301 Beville Rd. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 221301 Beville Rd. #21 5. Certificate of Status Desired Suite 21 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23Daytona Beach, FL Daytona Beach, FL Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 USA 32119 Yes No Florida Statutes USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name David Hedrick, CAM
Street Address (P.O. Box Number is Not Acceptable) XISBUXXXXHARIXES X 82 MODE BOM CHEMIC TO REMOVE Y 1301 Beville Rd. #21 83 **XIEW SMYRNA REARK RIX30 169** R4 City Zip Code Daytona Beach 32119 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 all accept the appointment as registered agent. I am SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12 13. TITLE **D**PX **₩**DELETE 1.1 TITLE Change Addition President /Director HOECK XCHARLESK NAME 1.2 NAME Charles Hoeck CR2E037 **数数数数数数数数数数数数数数数数数数** STREET ADDRESS 406 Bouchelle Dr. #101 New Smyrna Beach, FL 3 1.3 STREET ADDRESS CITY-ST-ZIP MBYK SNAYROXAKBEACHKEL 1.4 CiTY-ST-ZIP 2169 DELETE TITLE D Vice-President/Director Change 2.1 TITLE Addition NAME MANUGAMERY, XBARBARAK 2.2 NAME Edward Allen STREET ADDRESS XOO XOO NOONED LEE DRY X104v 2.3 STREET ADDRESS 104 Wagon Wheel Way Lake Mary, FL 32746 Treasurer /Director nevk mevrovageaghkelarhog DITY-ST-ZIP 2 4 CITY-ST-7IP TITLE XX DELETE Change 3.1 TITLE Addition NAME BAHON XIDAX 3.2 NAME Ida Baron XOOXBIOMOHEME DIR XXXX STREET ADDRESS 3.3 STREET ADDRESS 406 Bouchelle Dr. #102 X 201 25% FF X 20 X FF X 2 CITY-ST-ZIP 3.4 CITY-ST-ZIP New Smyrna Beach, FL XX **₽**]DELETE 41 TITLE Addition NAME NOOCK XWARXINGE X 4 2 NAME NOCKED BY THE WAY AND SECOND S STREET ADORESS 4.3 STREET ADDRESS 700001784867 -04/18/96--01010--016hange CITY-ST-ZIP MEAN SULVENANCE A CHARLES FILL SOCKES 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Addition ***E1 25 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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

STREET ADDRESS

CITY-ST-ZIP

· Ichan SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3/18/96 (904)427-5863

(12/95)