

2-7-97

B-1561 C

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001282 (3)

1. Corporation Name

BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ALL FLORIDA PROP. MGMT.
1301 BEVILLE RD. #21
DAYTONA BEACH FL 321191301 BEVILLE RD.
SUITE 21
DAYTONA BEACH FL 32119-15033. Date Incorporated or Qualified
03/19/19933a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3173608Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEDRICK, DAVID CAM
1301 BEVILLE RD. #21
DAYTONA BEACH FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HOECK, CHARLES
STREET ADDRESS 406 BOUCHELLE DR. #101
CITY-ST-ZIP NEW SMYRNA BEACH FL 321691.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VPD ☒ DELETE
NAME ALLEN, EDWARD
STREET ADDRESS 104 WAGON WHEEL WAY
CITY-ST-ZIP LAKE MARY FL 327462.1 TITLE ☒ Change ☐ Addition
2.2 NAME Ida Baron
2.3 STREET ADDRESS 406 Bouchelle Dr. #102
2.4 CITY-ST-ZIP New Smyrna Beach, FL 32169TITLE TD ☒ DELETE
NAME BARON, IDA
STREET ADDRESS 406 BOUCHELLE DR. #102
CITY-ST-ZIP NEW SMYRNA BEACH FL 321693.1 TITLE ☒ Change ☐ Addition
3.2 NAME Debra Sensakovic
3.3 STREET ADDRESS 406 Bouchelle Dr. #103
3.4 CITY-ST-ZIP New Smyrna Beach, FL 32169TITLE DS ☐ DELETE
NAME HOECK, MARJORIE
STREET ADDRESS 406 BOUCHELLE DR. #101
CITY-ST-ZIP NEW SMYRNA BEACH FL 321694.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Charles D. Hoeck

904-427-5863

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone: 904-223-2066

CR2E037 (9/96)