FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9300001282

Corporation Name

BOUCHELLE ISLAND X CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business								
ALL FLORIDA REALTY SERVICES 1301 BEVILLE RD. #21 DAYTONA BEACH FL 32119 US								

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1301 BEVILLE RD. SUITE 21

2a. Mailing Address

26

DAYTONA BEACH FL 32119

Suite, Apt. #, etc.

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90135 038 ****61.25

713124 - A0132 - 3Q

Applied For



3. Date incorporated or Qualifed

03/19/1993

4. FEI Number

Suite, Apt.					i	59-3173608			No	Applicable	
2 406 B	ouchelle Dr.	27			39-3173006				Not Applicable \$8.75 Additional		
City & State		City & State	City & State			Certifcate of Status D	esired		• -		
New S	myrna Beach, FL	28							Fee Rec		
Zip	Country	Zip	Cou	ntry	€	 Election Campaign Fi 	-		\$5.00		
3216	2169 25 Volusia 29 30 30 9. Name and Address of Current Registered Agent			Trust Fund Contribution					Added to	Fees	
		10. Name and Address of New Registered Agent									
		81 Name	Jac	ck Pollard.	CAN	Л.					
HEDRICK, DAVID CAM				82 Street Address (P.O. Box Number is Not Acceptable)							
1301 BEVILLE RD. #21				All Florida Realty Services, Inc.							
	BEACH FL 32119		83 1201 Parrillo Del #21								
D/11/0101		1301 Beville Rd. #21									
		Daytona Beach,					L <u>32</u>	11 <u>9 </u>			
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 by 1 July 3, Florida States.											
SIGNATURE	<u>~</u>	rollet had -	\mathcal{S}	MUN				3-8	-99.		
JIGNATURE	Signature, typed or printed name of registered agent a			Agent signature r	equired wher		- TO 65	DATE	NO DIDECTOR	OC IN 42	
12.	OFFICERS AND		13.			ADDITIONS/CHANGE	S 10 OF	FICERS A		Addition	
TITLE	PD	X DELETE	1.1 TI	LE	PD				Change	Madition	
NAME	HOECK, CHARLES		1.2 NA			ard Allen					
STREET ADDRESS	406 BOUCHELLE DR. #101		1.3 \$1	REET ADDRESS		Bouchelle					
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		1.4 CI	1.4 CITY-ST-ZIP		Smyrna Bea	ch,	FL	32169		
TITLE	VPD	☐ DELETE		TLE .					☐ Change	Addition	
NAME	BARON, IDA		2.2 N	ME .							
STREET ADORESS			2.3 \$1	2.3 STREET ADDRESS		_					
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 C	2.4 CITY-ST-ZIP							
TITLE			3.1 TI	TLE	TD				☐ Change	Addition	
NAME	ALLEN, EDWARD		3.2 N	32 NAME Kathy A							
STREET ADDRESS	***************************************		3.3 \$1	REET ADDRESS	406	Bouchelle	Dr.	#204			
CITY-ST-ZIP	LAKE MARY FL 32746		3.4. C	ITY-ST-ZIP	New	Smyrna Bea	ch.	FL_	32169		
TITLE	DS DS	☐ DELETE	4,1 TI	T.E					Change	☐ Addition	
NAME	HOECK, MARJORIE		4. 2 N	AME							
STREET ADDRESS	406 BOUCHELLE DR. #101		4.3 \$1	REET ADDRESS							
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		4.4 CI	TY-ST-ZIP							
TITLE	THE CONTINUE DESCRIPTION	☐ DELETE	5.1 TI	TLE					Change	☐ Addition	
NAME			5.2 N	ME	1						
STREET ADDRESS			5.3 S	REET ADDRESS							
CITY-ST-ZIP			5.4 C	TY-ST-ZIP]				•		
TITLE		☐ DELETE	6.1 TI	TLE					Change	Addition	
NAME			6.2 N	ME							
STREET ADDRESS			6.3 S	REET ADORESS							
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP							
CITT-ST-ZIP	<u> </u>					440 07/2\/i\ Elevide	24-1-4	1 Carthaga	- 416 - Ale - 4 Ale - 1-	formation	

14. I 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 a parachment with an address, with all other like empowered.

SIGNATURI

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 904-427-442C

CLEUS/ (11/2)