

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001283

FILED  
Mar 26, 2008  
Secretary of State

Entity Name: BOUCHELLE ISLAND XI CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

443 BOUCHELLE DRIVE  
NEW SMYRNA BEACH, FL 32169 US

## New Principal Place of Business:

## Current Mailing Address:

15365 CLYDE MORRIS  
SUITE 2  
PORT ORANGE, FL 32129 US

## New Mailing Address:

4536 S. CLYDE MORRIS BLVD #2  
SUITE 2  
PORT ORANGE, FL 32129 US

FEI Number: 59-3173605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHRISTENSEN, C. JOHN  
BECKER & POLIAKOFF, P.A.  
3111 STIRLING RD.  
FT. LAUDERDALE, FL 333126525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARTELL, JAMES  
Address: 443 BOUCHELLE DRIVE #102  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD ( ) Delete  
Name: MCADAMS, BARBARA  
Address: 443 BOUCHELLE DR SUITE 303  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD ( ) Delete  
Name: CONWAY, MARY E  
Address: 443 BOUCHELLE DR #202  
City-St-Zip: NEW SMYRNA BCH., FL 32169

Title: D ( ) Delete  
Name: BLASER, TED  
Address: 443 BOUCHELLE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: SZATMARY, KEVIN  
Address: 443 BOUCHELLE DRIVE #305  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD (X) Change ( ) Addition  
Name: MCADAMS, BARBARA  
Address: 443 BOUCHELLE DR SUITE 303  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD (X) Change ( ) Addition  
Name: CONWAY, MARY E  
Address: 443 BOUCHELLE DR #202  
City-St-Zip: NEW SMYRNA BCH., FL 32169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MACADAMS

PD

03/26/2008

Electronic Signature of Signing Officer or Director

Date