


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90044 044 ****61.25

DOCUMENT # N93000005273					
1. Entity Name BOUCHELLE ISLAND XVI CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 402 BOUCHELLE DR NEW SMYRNA BEACH, FL 32169	
Mailing Address % METRO DAYTONA PROPERTY PO BOX 291973 PORT ORANGE, FL 32129				2. Principal Place of Business	
3. Mailing Address				4. FEI Number 59-3212285	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLON, SUSAN MS 103 ASIRE CT. NEW SMYRNA BEACH, FL 32169				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME MAJTAN, TIBOR STREET ADDRESS 402 BOUCHELLE DR #104 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST NAME KOCH, HELEN STREET ADDRESS 402 BOCKHELE DRIVE UNIT 204 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME CARR, JAMES R STREET ADDRESS 402 BOUCHELLE DR 105 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MADSEN, EDITH STREET ADDRESS 402 BOUCHELLE DR 203 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BREWER, DARYL STREET ADDRESS 402 BOUCHELLE DR., #202 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James R. Lam</u> 1-21-05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					