

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90032 042 ****61.25

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| 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 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3212285 | |
| Zip | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | | TITLE VP/T | NAME | |
| STREET ADDRESS 402 BOUCHELLE DR #104 | CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE DST | NAME KOCH, HELEN | | TITLE P | NAME Edith Madsen | |
| STREET ADDRESS 402 BOCKHELE DRIVE UNIT 204 | CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 | | STREET ADDRESS 402 Bouchelle Dr #203 | CITY-ST-ZIP NSB BE 32169 | |
| TITLE P | NAME CARR, JAMES R | | TITLE Allie Phanco | NAME | |
| STREET ADDRESS 402 BOUCHELLE DR 105 | CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 | | STREET ADDRESS 402 Bouchelle Dr #103 | CITY-ST-ZIP NSB BE 32169 | |
| TITLE D | NAME MADSEN, EDITH | | TITLE | NAME | |
| STREET ADDRESS 402 BOUCHELLE DR 203 | CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | | TITLE | NAME | |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Edith D. Madsen</u> <u>EDITH D. MADSEN</u> <u>2/6/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |