

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

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**



01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3212285

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLON, SUSAN MS
103 ASIRE CT.
NEW SMYRNA BEACH, FL 32169**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
MAJTAN, TIBOR
402 BOUCHELLE DR #104
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EDITH, MASDEN
402 BOUCHELLE DR 203
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
EASTON, EDWARD
402 BOUCHELLE DR 103
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MADSEN, EDITH
402 BOUCHELLE DR 203
NEW SMYRNA BEACH, FL 32169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000827314
02/21/08-80084-022 61.25

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IN THIS SPACE**

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: Edith D Madsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-08
Date Daytime Phone #