

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005273

FILED
Feb 26, 2009
Secretary of State

Entity Name: BOUCHELLE ISLAND XVI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

402 BOUCHELLE DR
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

% METRO DAYTONA PROPERTY
PO BOX 291973
PORT ORANGE, FL 32129

New Mailing Address:

% METRO DAYTONA PROPERTY
PO BOX 1021
NEW SMYRNA BEACH, FL 32170

FEI Number: 59-3212285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLON, SUSAN MS
103 ASIRE CT.
NEW SMYRNA BEACH, FL 32169 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: VPT () Delete
Name: MAJTAN, TIBOR
Address: 402 BOUCHELLE DR #104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P () Delete
Name: EDITH, MASDEN
Address: 402 BOUCHELLE DR 203
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: EASTON, EDWARD
Address: 402 BOUCHELLE DR 103
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Delete
Name: MADSEN, EDITH
Address: 402 BOUCHELLE DR 203
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/T (X) Change () Addition
Name: MAJTAN, TIBOR
Address: 402 BOUCHELLE DR #104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D/P (X) Change () Addition
Name: DARYL, BREWER
Address: 402 BOUCHELLE DR 202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S/D (X) Change () Addition
Name: BRENDA, COFFIELD
Address: 402 BOUCHELLE DR 206
City-St-Zip: NEW SMYRNA BEACH, 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: TIBOR MAJTAN

VP

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date