2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005774

FILED Apr 20, 2011 Secretary of State

Entity Name: BOUCHELLE ISLAND XX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

429 BOUCHELLE DR

NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address: New Mailing Address:

429 BOUCHELLE DR

NEW SMYRNA BEACH, FL 32169 US

FEI Number: 59-3601085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARPE, MARK A SANDERS, WILLIAM P 415 BOUCHELLE DRIVE 429 BOUCHELLE DRIVE

NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32169 US

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: WILLIAM P SANDERS 04/20/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: F

Name: SHARPE, MARK A Address: 415 BOUCHELLE DRIVE

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: VP

Name: FALKNER, MERLE Address: 421 BOUCHELLE DRIVE

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: D

Name: PERKINS, MYRNA Address: 419 BOUCHELLE DRIVE

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: S&T

Name: SANDERS, WILLIAM P Address: 429 BOUCHELLE DRIVE

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title:

Name: LILYFORS, DALE Address: 425 BOUCHELLE DR

City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM P SANDERS S&T 04/20/2011