


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90045 032 \*\*\*\*61.25

<b>DOCUMENT # N99000005776</b> 1. Entity Name <b>BOUCHELLE ISLAND XXI CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3422 S. ATLANTIC AVE. DAYTONA BEACH, FL 32118</b>			Mailing Address <b>285 WEST DUNDEE ST PALATINE, IL 60074</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DIMUCCI, ANTHONY</b> <b>3422 S ATLANTIC AVE</b> <b>DAYTONA BEACH SHORES, FL 32118</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIMUCCI, ANTHONY		NAME	Leclair, Corinne	
STREET ADDRESS	100 W. DUNDEE RD.		STREET ADDRESS	3424 S. Atlantic Ave	
CITY-ST-ZIP	PALATINE, IL 60067		CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
TITLE	D <input type="checkbox"/> Delete		TITLE	Dimucci, Anthony <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIHLEN, SID		NAME	285 West Dundee Rd.	
STREET ADDRESS	200 N. PARK AVE., STE. 200		STREET ADDRESS	Palatine, IL 60067	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PREWITT, SCOTT		NAME		
STREET ADDRESS	3422 S. ATLANTIC AVE.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____					