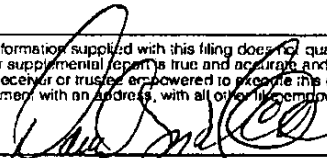


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

4/ May 21, 2008 8:00 am
Secretary of State

04-28-2008 90323 041 ****61.25

DOCUMENT # N99000005776			
1. Entity Name BOUCHELLE ISLAND XXI CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 420 BAUCHOLLE DR. NEW SMYRNA BEACH, FL 32169		Mailing Address 45365 CLYDE MCRRIS #2 PORT ORANGE, FL 32129	
2. Principal Place of Business - No P.O. Box # 420 Bouchelle Dr.		3. Mailing Address 507 Herbert St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. C	
City & State New Smyrna Beach, FL		City & State Port Orange, FL	
Zip 32169		Zip 32129	
Country Volus		Country	
4. FEI Number 59-3601083		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALITY CONDOMINIUM MGMT 4536 S. CLYDE MCRRIS #2 PORT ORANGE, FL 32129		7. Name and Address of New Registered Agent Name: R.L. Reimer Street Address (P.O. Box Number is Not Acceptable) 507-C Herbert St. City: Port Orange FL Zip Code: 32129	
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: 5-19-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLINE, DAVID 420 BAUCHELLE DR. NEW SMYRNA BEACH, FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McClure, David 420 Bouchelle Dr #102 New Smyrna Beach, FL 32169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCAS, MATTHEW 420 BAUCHELLE DR. NEW SMYRNA BEACH, FL 32169 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lyons, Matthew 420 Bouchelle Dr #101 New Smyrna Beach, FL 32169 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BPD FOOTE, CHARLES 420 BAUCHELLE DR. NEW SMYRNA BEACH, FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB Foote, Charles 420 Bouchelle Dr. #302 New Smyrna Beach, FL 32169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDRES, CHARLES 420 BAUCHELLE DR. NEW SMYRNA BEACH, FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andres, Chester 420 Bouchelle Dr. #401 New Smyrna Beach, FL 32169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB Sechen, Bernard 420 Bouchelle Dr #402 New Smyrna Beach, FL 32169 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 reports 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 prepare 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: 		DAVID M. MCCLURE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	