2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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	Mailing Address
420 BAUCHOLLE DR. NEW SMYRNA BEACH, FL 32169	45365 CLYDE MCRRIS #2 PORT ORANGE, FL 32129

04032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
420 Bouchelle Dr.	507 Herbert St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. C
City & State New Smyrna Beach, FL	City & State Port Orange, FL
Zip / Country 32169 / Volus	Zip / Country 32129

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	7. Name and Address of New Registered Agent
QUALITY CONDOMIMIUM MGMT 4536 S. CLYDE MCRRIS #2 PORT ORANGE, FL 32129	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: R. Reimer as Agent DATE: 5-19-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD 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	SD 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 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: David M. McClure
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #