

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005776

FILED
Apr 15, 2009
Secretary of State

Entity Name: BOUCHELLE ISLAND XXI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

420 BOUCHOLLE DR.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

420 BOUCHELLE DRIVE
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

507 HERBERT ST
SUITE C
PORT ORANGE, FL 32129

New Mailing Address:

C/O ATLANTIC COMM ASSOC MGMT & ACCTNG INC
507-C HERBERT STREET
PORT ORANGE, FL 32129

FEI Number: 59-3601083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIMER, R L
507-C HERBERT ST
PORT ORANGE, FL 32129 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: PD () Delete
Name: MCCLURE, DAVID
Address: 420 BOUCHELLE DR #102
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VD () Delete
Name: FOOTE, CHARLES
Address: 420 BOUCHELLE DR #302
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: ANDRES, CHARLES
Address: 420 BOUCHELLE DR #401
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: LYONS, MATTHEW
Address: 420 BOUCHELLE DR #101
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD (X) Delete
Name: SECHEN, BERNARD
Address: 420 BOUCHELLE DR #402
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MANCINI, FLORENCE
Address: 420 BOUCHELLE DR #202
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD (X) Change () Addition
Name: LYONS, MATHEW
Address: 420 BOUCHELLE DR #101
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D (X) Change () Addition
Name: ANDRES, CHESTER
Address: 420 BOUCHELLE DR #401
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: DAVID MCCLURE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date