

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 APR 21 AM 9:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 726470 (8)**

1. Corporation Name  
**BUCCANEER CONDOMINIUM, INC.**

Principal Place of Business: **1175 N AIA APT 200 SATELLITE BEACH FL 32937**

Mailing Address: **1175 N AIA APT 200 SATELLITE BEACH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/22/1972**

3a. Date of Last Report: **04/28/1994**

4. FEI Number: **59-1595065**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

21 **1175 N. Highway A-1-A**

22 Suite, Apt. #, etc.

23 **Satellite Beach, FL**

24 **32937**

25 **Brevard**

2a. Mailing Address

26 **P.O. Box 510506**

27 Suite, Apt. #, etc.

28 **Melbourne Beach, FL**

29 **32951-0506**

30 **Brevard**

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF P.A.**  
**901 MATLAND CENTER**  
**901 N. LAKE DESTINY DRIVE #145**  
**MATLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name: **Richard Wrenn, All Around Condo, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable): **406 Ave. B**

83 **P.O. Box 510455**

84 **Melbourne Beach FL**

85 Zip Code: **32951-0455**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Richard Wrenn** X *[Signature]* **4/14/95**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARROLL, JOHN
STREET ADDRESS	1175 A1A #510
CITY - ST - ZIP	SATELLITE BCH, FL 00000
TITLE	DVP
NAME	DUBE, DONALD
STREET ADDRESS	1175 A1A #705
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	D
NAME	BALDERSON, JAMES
STREET ADDRESS	1175 HWY A1A #208
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	D
NAME	BRODEUR, ARTHUR
STREET ADDRESS	1175 A1A #308
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	DT
NAME	HUGHES, JAMES
STREET ADDRESS	1175 HWY A1A #611
CITY - ST - ZIP	SATELLITE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Davis, Victoria J.	
1.3 STREET ADDRESS	1175 Highway A-1-A, #601	
1.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mathis, Vivian	
2.3 STREET ADDRESS	1175 Highway A-1-A #808	
2.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lagace, Carol	
3.3 STREET ADDRESS	1175 Highway A-1-A, #807	
3.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jones, Melony	
4.3 STREET ADDRESS	4990 Scarlett Ave.	
4.4 CITY - ST - ZIP	Cocoa, FL 32926	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hansmeier, Catherine	
5.3 STREET ADDRESS	1175 Highway A-1-A, #609	
5.4 CITY - ST - ZIP	Satellite Beach, FL 32937	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jones, Frank	
6.3 STREET ADDRESS	1175 Highway A-1-A #810	
6.4 CITY - ST - ZIP	Satellite Beach, FL 32937	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Victoria J. Davis** X *[Signature]* **4-15-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ (Day) (Month) (Year)