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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726470 (8)
 1. Corporation Name
BUCCANEER CONDOMINIUM, INC.



Principal Place of Business 1175 N HIGHWAY A-1-A SATELLITE BEACH FL 32937 US	Mailing Address P O BOX MELBOURNE BEACH FL 32951-0506 US
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3. Date Incorporated or Qualified 05/22/1972	
4. FEI Number 59-1595065	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RICHARD WRENN, ALL AROUND CON
408 AVE B
P O BOX 510455
MELBOURNE FL 32951

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Richard Wrenn* DATE: **4-20-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	HIGGINSON, WILLIAM
STREET ADDRESS	1175 HWY A-1-A 601
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	DELLORUSSO, RICHARD
STREET ADDRESS	1175 HWY A-1-A 606
CITY-ST-ZIP	SATELLITE EBACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ANVL, DAVID
STREET ADDRESS	1175 HWY A1A #603
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROKUS, MARY ANN
STREET ADDRESS	4990 SCARLETT AVENUE
CITY-ST-ZIP	COCOA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MURPHY, MARIE
STREET ADDRESS	1175 HWY A-1-A 609
CITY-ST-ZIP	SATELLITE BEACH FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	JONES, FRANK
STREET ADDRESS	1175 HWY A-1-A 810
CITY-ST-ZIP	SATELLITE EBACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *X [Signature]* **4/21/98 (407) 777-5552**

CR2E037 (10/97)