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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(8)

BUCU	ANEER CONDOMINIUM,	, INC.		I herik irria kana rind rind arah bah birk birk birk	I) OLDIK OTOK BYOM BYOM 1001
Principal Plac	so of Rusiness	Mailing Address			
·		-			
1175 N HIGHWAY A-1-A SATELLITE BEACH FL 32937		P O BOX MELBOURNE BEACH FL 32:	2951-0506	3. Date Incorporated or Qualified	
US		US		05/22/1972 4. FEI Number	I January en
				4. FEI Number 59-1595065	Applied For Not Applicable
2. Principal Place of Business 21		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6 Fleating Compaign Financing	Fee Required
22		27		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners	
23		28] No
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25 Name and Address of C		30		J Yes LJ No
	9. Name and Address of C	urrent Hegistered Agent	81 Name	10. Name and Address of New Registered A	Agent
DICHAD	O MOCANI, ALL ADOLINO O	∧ ¥1			
406 AVE	id wrenin, all around ci	UN	82 Street Addr	ress (P.O. Box Number Is Not Acceptable)	
	E D X 510455		83		· · ·
	URNE FL 32951		84 City		85 Zip Code
				FL	
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.					changing its registered
agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida			rida Statutes	/	24 20
SIGNATURE	The state of the s	1 min	- Krining	# (1) C 00	<i>J</i> /ノータX
OGNATIONE.	Committee to a supplied name of register	ALOTE ALOTE	- A (CIU)	ra wienri 7 °	70
12.	Signature, typed or printed name of register		E. Registered Agent Signature require		DIRECTORS IN 12
	Signature, typed or printed name of register	red agent and trie if applicable. (NOTE IS AND DIRECTORS DELETE	E: Registered Agent signature reduing 13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
12.	Signature, typed or printed name of register OFFICER	S AND DIRECTORS	13.		
12.	Signature, typed or printed name of register OFFICER	S AND DIRECTORS	13. 1.1 TITLE		
12. TITLE NAME	Signature, typed or privide name of register OFFICER: DP HIGGINSON, WILLIAM	S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS	OFFICER: DP HIGGINSON, WILLIAM 1175 HWY A-1-A 601	S AND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER OFFICER DP HIGGINSON, WILLIAM 1175 HWY A-1-A 801 SATELLITE BEACH FL DST DELLORUSSO, RICHARD	S AND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	☐ Change ☐ Addition
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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.

21/98 (407)777-5552

FILED

May 01 1998 8:00am

Secretary of State