

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90014 009 ****61.25

DOCUMENT # 726470
 1. Entity Name
BUCCANEER CONDOMINIUM, INC.

Principal Place of Business
 1175 N HIGHWAY A-1-A
 SATELLITE BEACH FL 32937
 US

Mailing Address
 P O BOX 510506
 MELBOURNE BEACH FL 32951-0506
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
SPACE COAST PROP MGT
 Suite, Apt. #, etc.
1617 COOLING AVE
 City & State
MELBOURNE, FL
 Zip Country
32935 US

4. FEI Number **59-1595065** Applied For
 Not Applicable

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

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

7. Name and Address of New Registered Agent
 Name **Larry Hall**
 Street Address (P.O. Box Number is Not Acceptable)
1617 COOLING AVE
 City **MELBOURNE FL** Zip Code **32935**

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.

SIGNATURE **Larry Hall CAM** DATE **4/5/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURDSALL, MILTON 46 GRAND BANKS CIRCLE MARLTON NJ 08053	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEDWEDEFF, CHANNING 1882 FOXSTONE DR. VIENNA VA 22182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, BROKUS 1175 HIGHWAY A1A, 209 SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, JACK 1175 HWY A1A #808 SATELLITE BCH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARIE 1175 HWY A-1-A 609 SATELLITE BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NIEMI, RAYMOND 1175 HIGHWAY A1A, 406 SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAM TRUEBE 1175 HIGHWAY A1A 810 SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANDA HART 1175 HIGHWAY A1A, 808 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY WATSON 1175 HIGHWAY A1A, 304 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL SHULL 773 W. LEGGETT ST WAUSEON, OH 43567	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GLADYS ARNOLD 1175 HIGHWAY A1A, 202 SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **William Truebe** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)