

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90029 042 \*\*\*\*70.00

**DOCUMENT # 726470**

1. Entity Name

**BUCCANEER CONDOMINIUM, INC.**

Principal Place of Business

1175 N HIGHWAY A-1A  
 SATELLITE BEACH FL 32937  
 US

Mailing Address

SPACE COAST PROPERTY MGMT  
 1817 COOLING AVE  
 MELBOURNE FL 32935  
 US

2. Principal Place of Business

3. Mailing Address

1175 Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOX 900

City & State

City & State

Satellite Beach, Florida

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

HILL, LARRY  
 1617 COOLING AVE  
 MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name Tim Nolan

Street Address (P.O. Box Number is Not Acceptable)

1175 Hwy A1A  
 Box 900

City Satellite Beach

FL

Zip Code

32937

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

Tim Nolan Tim Nolan Manager

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/02

DATE

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	<input type="checkbox"/> Delete
DP	TRUBE, WILLIAM	1175 HIGHWAY A1A #920	SATELLITE BEACH FL 32937	<input type="checkbox"/>
DT	MEDWEDEFF, CHANNING	1882 FOXSTONE DR	VIENNA VA 22182	<input checked="" type="checkbox"/>
D	JOSEPH, BROKUS	1175 HIGHWAY A1A, 209	SATELLITE BEACH FL 32937	<input checked="" type="checkbox"/>
D	HART, WANDA	1175 HWY A1A #808	SATELLITE BCH FL 32937	<input type="checkbox"/>
D	WATSON, LARRY	1175 HIGHWAY A1A #304	SATELLITE BEACH FL 32937	<input type="checkbox"/>
DVP	ARNOLD, GLADYS	1175 HIGHWAY A1A #202	SATELLITE BEACH FL 32937	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Higginson William	1175 Hwy A1A #707	Satellite Beach, FL 32937	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	WATSON, DONNA	1175 Hwy A1A #304	Satellite Beach, FL 32937	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 authority empowered.

SIGNATURE:

SIGNATURE REQUIRED

William Truebe President  
2/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)