


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90004 023 ****61.25

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



Principal Place of Business
 2180 WEST SR 434 SUITE 5000
 LONGWOOD, FL 32779-5044 US

Mailing Address
 2180 WEST SR 434 SUITE 5000
 LONGWOOD, FL 32779-5044 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03052008 Chg-NP CR2E037 (12/06)

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
HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 32779-5044

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NELSON, RUSSELL			NAME	AMIGO, FRANK J		
STREET ADDRESS	1175 HWY A1A #505			STREET ADDRESS	8320 SW 91 TER		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	MIAMI, FL 33156		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRODEUR, ARTHUR			NAME	GARRETT, ROBERT		
STREET ADDRESS	1175 HWY A1A #308			STREET ADDRESS	1175 HIGHWAY A1A #411		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP	SATELLITE BEACH, FL 32937		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUEST, MARY B			NAME			
STREET ADDRESS	6443 PARSON BROWN DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINTERICH, DON			NAME	WINTERICH, DONALD		
STREET ADDRESS	1175 HWY A1A #206			STREET ADDRESS	1175 HIGHWAY A1A #206		
CITY-ST-ZIP	SATELLITE BCH, FL 32937			CITY-ST-ZIP	SATELLITE BEACH, FL 32937		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANSOME, RICHARD			NAME			
STREET ADDRESS	1175 HIGHWAY A1A #807			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, JIM			NAME			
STREET ADDRESS	1175 HIGHWAY A1A #605			STREET ADDRESS			
CITY-ST-ZIP	SATELLITE BEACH, FL 32937			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Russell E Nelson Date 3-24-08 Daytime Phone # 321-777-6812