Mar 21, 2003 8:00 am secretary of State 03-21-2003 90072 016 ****70.00

FILED

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726470

1. Entity Name

RUCCANEER CONDOMINIUM, INC.



DOCCAN	LETH COMPONINATION, INC.						
Principal Place of Business 1175 N HIGHWAY A-1-A SATELLITE BEACH FL 32937 US		Mailing Address 1175 N HIGHWAY A-1-A SATELLITE BEACH FL 32937 US				ı ÷ 1	
2. Principal Place of Business 1175 Hwy A1A		3. Mailing Address					
Suite, Apt. #, etc. BOX 900		Suite, Apt. #, etc! Box 900			CHECK HERE IF MAKING CHANGES		
SAPELITE BEACH, FL		SATELITE BEAM FL			4. FEI Number 59-1595065 Applied For Not Applicable		
Zip 3	937 Country USA	^{Zip} 32937	Country A		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F	Registered Agent	Name	- h	7. Name and Address of New Registered Agent		
NOLAN, TIM			Street A	ddress (P.	N N N N N N N N N N N N N N N N N N N		
1175 HWY A-1-A SATELLITE BEACH FL 32937			117		P.O. Box Number is Not Acceptable)		
		City	5X 90				
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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.							
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whee reinstatchg) DATE							
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con					\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10. TITLE	OFFICERS AND DIRE	ECTORS Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	TRUBE, WILLIAM	Delete ·	TITLE NAME	p Jake	□ Change 10 A	ddition	
STREET ADDRESS CITY-ST-ZIP	1175 HIGHWAY A1A #920 SATELLITE BEACH FL 32937		STREET ADDRESS CITY-ST-ZIP		HWY AIA BOX 708		
TITLE	DT DEACHTE SESSI	Delete	TITLE	$\boldsymbol{\mathcal{D}}$	Change BA	dition	
NAME STREET ADDRESS	WATSON, DONNA	•	NAME	Day 1	WINTERNA	1011101	
CITY-ST-ZIP	1175 A1A, #304 SATELLITE BEACH FL 32937	ľ	STREET ADDRESS CITY-ST-ZIP	SAMOI.	HWY AZA, BOX 206 LITE BEACH, FC 32937		
TITLE	D	- Delete	TITLE	n	Change Manager	ldition	
NAME STREET ADDRESS	HIGGINSON, WILLIAM 1175 HWY A1A, #707		NAME STREET ADDRESS	RICHA	AKD RANSOME		
CITY-ST-ZIP	SATELLITE BEACH FL 32937		CITY-ST-ZIP	SATE	AKO RANSOME BOX 807 Huy A1A, BOX 807 PELLITE BETTHEN, FL 32937		
TITLE NAME	D Hart, Wanda		THE	<u>,,, , , , , , , , , , , , , , , , , , </u>	CHE TO LOHMANN Change A	dition	
STREET ADDRESS	1175 HWY A1A #808		NAME STREET ADDRESS	ツイジ	HWY ALA BEY 701		
CITY-ST-ZIP	SATELLITE BCH FL 32937		CITY-ST-ZIP	5 Anes	Hwy A1A, Bix 701, 21, 1E BEAGING 32937		
TITLE NAME	D . Watson, Larry		TITLE NAME		☐ Change ☐ Ad	dition	
STREET ADDRESS	1175 HIGHWAY A1A #304		STREET ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32937 DVP		CITY-ST-ZIP				
TITLE Name	ARNOLD, GLADYS		TITLE NAME		☐ Change ☐ Adi	dition	
	1175 HIGHWAY A1A #202		STREET ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32937	(CITY-ST-ZIP		İ		

I nereby 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: