SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:14

DOCUMENT # **741002** **(0)**

1. Corporation Name
BUCCANEER BEACH CLUB CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
1125 HWY A1A SATELLITE BEACH FL 32937	1125 HWY A1A SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1861699 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

TRACHTMAN, JERRY H, ESQUIRE
101 SO MIRAMAR AVENUE
INDIALLANTIC FL 32903

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition D
NAME	LINDBERG, BRUCE	12 NAME	TIPTON, WALTER B.
STREET ADDRESS	1125 HWY A1A	13 STREET ADDRESS	1125 HWY A1A
CITY-ST-ZIP	SATELLITE BEACH FL	14 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	PROVONSIL, CLIFFORD	22 NAME	
STREET ADDRESS	1125 HWY A1A	23 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition TD
NAME	WRIGHT, PHILIP	32 NAME	BOYLE, JOHN H.
STREET ADDRESS	1125 HWY A1A	33 STREET ADDRESS	1125 HWY A1A
CITY-ST-ZIP	SATELLITE BCH FL	34 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	SD	41 TITLE	☐ Change ☐ Addition D
NAME	SMITH, ELIZABETH	42 NAME	CURATELLI, BARBARA
STREET ADDRESS	1125 HWY A1A	43 STREET ADDRESS	1108 HWY A1A
CITY-ST-ZIP	SATELLITE BEACH FL	44 CITY-ST-ZIP	SATELLITE BEACH, FL
TITLE	D	51 TITLE	☐ Change ☐ Addition SD
NAME	ALLEN, MARY	52 NAME	
STREET ADDRESS	1125 HWY A1A	53 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition VD
NAME	CHEREEK, KATHRYN	62 NAME	KAHL, GEORGE
STREET ADDRESS	1125 HWY A1A	63 STREET ADDRESS	1125 HWY A1A
CITY-ST-ZIP	SATELLITE BEACH FL	64 CITY-ST-ZIP	SATELLITE BEACH, FL

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John H Boyle June 8, 1995 407-777-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

JOHN H BOYLE, TREASURER

0008360