2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741002

1. Entity Name

BUCCANEER BEACH CLUB CONDOMINIUM ASSOCIATION INC

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90031 036 ****61.25

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1861699 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER, & POLIAKOFF P 901 N. LAKE DESTINY DRIVE SUITE 145 MAITLAND FL 32751	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.

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

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	GREGOREK, JOHN		NAME	La Voie, Henry	
STREET ADDRESS	1125 HWY A1A #406		STREET ADDRESS	1125 Hwy A1A, #605	
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP	Satellite Beach, FL	
TITLE	VD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	PROVONSIL, CLIFFORD		NAME	Provonsil, Clifford	
STREET ADDRESS	1125 HWY A1A #508		STREET ADDRESS	1125 Hwy A1A, # 508	
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP	Satellite Beach, FL	
TITLE	SD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	ELLIS, MAX		NAME	Davidheiser, Marvin	
STREET ADDRESS	1125 HWY A1A #505		STREET ADDRESS	1125 Hwy A1A, # 405	
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP	Satellite Beach, FL	
TITLE	TD	☐ Delete	TITLE	TD	☐ Change ☐ Addition
NAME	BOYLE, JOHN H		NAME	Boyle, John H.	
STREET ADDRESS	1125 HWY A1A #203		STREET ADDRESS	1125 Hwy A1A, # 203	
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP	Satellite Beach, FL	
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	BAYER, LOIS		NAME	Bayer, Lois	
STREET ADDRESS	1125 HWY A1A #408		STREET ADDRESS	1125 Hwy A1A, # 408	
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP	Satellite Beach, FL	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Ayers, Charles	
STREET ADDRESS			STREET ADDRESS	1125 Hwy A1A, # 901	
CITY-ST-ZIP			CITY-ST-ZIP	Satellite Beach, FL	

CR2E037 (5/00)

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: SIGNATURE REQUIRED John H. Boyle, Treasurer — 7/25/00 (321) 777-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #