

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90005 011 ****61.25

DOCUMENT # 741002 1. Entity Name BUCCANEER BEACH CLUB CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 1125 HWY A1A # 909 SATELLITE BEACH, FL 32937			Mailing Address 1125 HWY A1A #909 SATELLITE BEACH, FL 32937		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1861699 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01172008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent					
BECKER, & POLIAKOFF P 001 N. LAKE DESTINY DRIVE → <i>Suite 209</i> SUITE 146 → <i>2500 Maitland</i> MAITLAND, FL 32751 → <i>CENTER PARKWAY</i> <i>(407) 875-0955 Maitland, FL 32751</i>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEMAREE, BARBARA 1125 HWY A1A 807 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bo Wroten 1125 Highway A1A, Unit 809 Satellite Beach, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIETGE, JERRY 1125 HWY A1A 905 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wenona Dunlap, Secretary 1125 Hwy. A1A, Unit 308 Satellite Beach, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDHEIM, EDDIE 1125 HWY A1A 705 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Diane Kendrick 1125 Hwy. A1A, Unit 708 Satellite Beach, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT, DEMAREE 1125 HWY A1A, #807 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Charles Ayers 1125 Hwy. A1A, Unit 901 Satellite Beach, FL 32793 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAN, REED 1125 HWY A1A 306 SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Norman Reed 1125 Hwy. A1A, Unit 301 Satellite Beach, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Diane Kendrick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

2/17/08 (321) 777-4511 office