2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 741002 1. Entity Name BUCCANEER BEACH CLUB CONDOMINIUM ASSOCIATION INC.					02-18-2008 90005 011 ****61.25				
Principal Place of Business 1125 HWY A1A # 909 SATELLITE BEACH, FL 32937		Mailing Address 1125 HWY A1A #909 SATELLITE BEACH, FL 32937			4 <u>4</u>	yv⊭°-		114 - 115 1110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172008	Chg-NP	CR2E037 (12/0	06)	
City & State		City & State			4. FEI Number 59-1861			Applied For Not Applicable	
Zip	Country	Zip	Cou	intry	5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current				7. Name and	Address of New F	Registered Agent		
BECKER & POLIAKOFF P Suite 209 901 N. LAKE DESTINY DRIVE - > 3500 Mait land SUITE 145 SUITE 145 Center Parkway				Name Street Address (P.O. Box Number is Not Acceptable)					
(401) 875-0955 MAITLAND, FL 3275				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									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		OATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign F	inancing _	\$5.00 May Be Added to Fees		OATE Make check payal rida Department		
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12. I hereby certify that the information supplied with this filling 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: 🔏

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 (321) 777-4511 of Dayline Phone 8