

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741002

**FILED**  
**Apr 28, 2020**  
**Secretary of State**  
**1659901569CC**

**Entity Name:** BUCCANEER BEACH CLUB CONDOMINIUM ASSOCIATION  
INC.

**Current Principal Place of Business:**

1125 HIGHWAY A1A, #909  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

2040 HIGHWAY A1A  
SUITE 208  
INDIAN HARBOUR BEACH, FL 32937 US

**FEI Number:** 59-1861699

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OCEANSIDE PROPERTY MANAGEMENT  
2040 HIGHWAY A1A  
SUITE 208  
INDIAN HARBOUR BEACH, FL 32937 US

*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:** LISA RUSSELL

04/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DEZOLT, JIM  
Address        2040 HIGHWAY A1A  
                 SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            TREASURER  
Name            MCGARVEY, MARY  
Address        2040 HIGHWAY A1A  
                 SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            SECRETARY, VP  
Name            ROZZELLE, NANCY  
Address        2040 HIGHWAY A1A  
                 SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            DIRECTOR  
Name            TERESA, KETTNER  
Address        2040 HIGHWAY A1A  
                 SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            SECRETARY  
Name            BEGLEY, SARAH  
Address        2040 HIGHWAY A1A  
                 SUITE 208  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JIM DEZOLT

P

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date