


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 748258</b> 1. Entity Name <b>DEERFIELD BUCCANEER CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>120 NORTH A1A DEERFIELD BEACH, FL 33441</b>	Mailing Address <b>120 NORTH A1A DEERFIELD BEACH, FL 33441</b>
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**DO NOT WRITE IN THIS SPACE**



07192005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1950188</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ENGESATH, DAVE  
120 N. OCEAN BLVD.  
DEERFIELD BEACH, FL**

**DO NOT WRITE IN THIS SPACE**

**6.** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by September 7, 2005**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000376066  
08/10/05-80002-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ENGESATH, DAVE 120 N. OCEAN BLVD #7 DEERFIELD BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHALLER, NANCY 120 N. OCEAN BLVD. #10 DEERFIELD BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALLER, KIM 120 N OCEAN BLVD #26 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Dave Engesath **DAVE ENGESATH** 8/8/05 (954) 415-2297

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