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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:12

DOCUMENT # N03567 (7)

1. Corporation Name

HARBOUR VILLA CLUB AT THE BUCCANEER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520	595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1984
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0047145 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EISEMAN, SAUL
1801 MAIN ST
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☐ Addition
NAME	SHEPARD, JOHN	12 NAME	Shepard, John	
STREET ADDRESS	6272 28 ST SE	13 STREET ADDRESS	6272 23 St SE	
CITY-ST-ZIP	GRAND RAPIDS MI	14 CITY-ST-ZIP	Grand Rapids, MI	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WIPPERFURTH, WILLIAM	22 NAME		
STREET ADDRESS	208 SHADY LANE	23 STREET ADDRESS		
CITY-ST-ZIP	SPRING LAKE MI	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	FURSE, RODGER	32 NAME		
STREET ADDRESS	18 S GEORGE ST, UNIT 62	33 STREET ADDRESS		
CITY-ST-ZIP	YORK PA	34 CITY-ST-ZIP		
TITLE	STD	41 TITLE	PD	☐ Change ☐ Addition
NAME	BROOKS, JAMES	42 NAME	Brooks, James	
STREET ADDRESS	3350 PALOS VERDES DR. E.	43 STREET ADDRESS	3350 Palos Verdes Dr E	
CITY-ST-ZIP	PALOS VERDES CA	44 CITY-ST-ZIP	Palos Verdes, CA	
TITLE	VPD	51 TITLE		☐ Change ☐ Addition
NAME	SANSONE, SAM	52 NAME		
STREET ADDRESS	27 HARDING AVE	53 STREET ADDRESS		
CITY-ST-ZIP	LOCKPORT NY	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	STD	☐ Change ☐ Addition
NAME	STYLES, R. P. G.	62 NAME	Styles, R.P.G.	
STREET ADDRESS	8390 COUNTRYWOOD	63 STREET ADDRESS	8390 Countrywood	
CITY-ST-ZIP	CORDOVA TN	64 CITY-ST-ZIP	Cordova, TN	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Saul Eiseman 4/4/95 813/951-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Saul Eiseman Executive Director

0018088