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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 06/11/1984
3a. Date of Last Report: 04/22/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: GEOFFRY PFLUGNER
82 Street Address (P.O. Box Number is Not Acceptable): BOARD, MERRIL ET AL
83: 2033 MAIN ST Suite 101
84 City: SARASOTA FL 85 Zip Code: 34237

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SHEPARD, JOHN		1.2 NAME	Claude Boles	
STREET ADDRESS	6272 28 ST SE		1.3 STREET ADDRESS	1550 Hazel Lane	
CITY-ST-ZIP	GRAND RAPIDS MI		1.4 CITY-ST-ZIP	Winnetka, IL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WIPPERFURTH, WILLIAM		2.2 NAME		
STREET ADDRESS	208 SHADY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING LAKE MI		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AMORIELLO, THOMAS		3.2 NAME		
STREET ADDRESS	25 A CIRLE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE NY		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, JAMES		4.2 NAME		
STREET ADDRESS	3350 PALOS VERDES DR. E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALOS VERDES CA		4.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	5.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SANSONE, SAM		5.2 NAME	Rodger FURSE N/A ~~Roger Fusse~~	
STREET ADDRESS	27 HARDING AVE		5.3 STREET ADDRESS	PO Box 148	
CITY-ST-ZIP	LOCKPORT NY		5.4 CITY-ST-ZIP	Silver Lake, NH	
TITLE	STD	☐ DELETE	6.1 TITLE	TERRY GRIFFIN	☐ Change ☒ Addition
NAME	STYLES, R. P. G.		6.2 NAME	1301 N. LAKE	
STREET ADDRESS	8390 COUNTRYWOOD		6.3 STREET ADDRESS	SYBELIA DR.	
CITY-ST-ZIP	CORDOVA TN		6.4 CITY-ST-ZIP	MAITLAND, FL. 32751	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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] 4/25/97