

FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03567** (7)

**HARBOUR VILLA CLUB AT THE BUCCANEER CONDOMINIUM
ASSOCIATION, INC.**

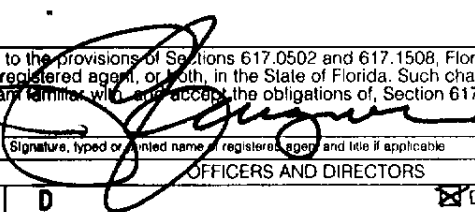


Principal Place of Business 595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520	Mailing Address 595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1984		3a. Date of Last Report 04/22/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0047145		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GEISMAN, SAUL 4801 MAIN ST SARASOTA FL 34238				B1 Name GEOFFERY PFLUGNER			
				B2 Street Address (P.O. Box Number is Not Acceptable) 10401 FLORIAN CT AL			
				B3 2033 MAIN ST Suite 101			
				B4 City SARASOTA FL B5 Zip Code 34238			

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  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 CIRCLE 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		
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 GRIPPIN	☐ 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		

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.

CR2E037 (9/96)