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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03567**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0047145 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PFLUGNER, GEOFFREY
1 CARK MERRIU ET AL
2033 MAIN ST, STE. 101
SARASOTA FL 34237

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 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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	BOLES, CLAUDE		1.2 NAME		
STREET ADDRESS	150 HAZEL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINNETKA IL		1.4 CITY-ST-ZIP	Winnetka, IL 60093	
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	SPRING LAKE, MI 49456	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	AMORIELLO, THOMAS		3.2 NAME	DAVID DUJARDIN	
STREET ADDRESS	71 CLUB POINTE DRIVE		3.3 STREET ADDRESS	513 East Davies Loop	
CITY-ST-ZIP	WHITE PLAINS NY 10605		3.4 CITY-ST-ZIP	Lake Stevens, WA 98258	
TITLE	PD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BROOKS, JAMES		4.2 NAME	Helen SILHA	
STREET ADDRESS	615 DREAM ISLAND ROAD		4.3 STREET ADDRESS	6708 POINT DR	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		4.4 CITY-ST-ZIP	EDINA, MN 55435	
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	FURSE, ROGER		5.2 NAME		
STREET ADDRESS	P.O. BOX 148 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER LAKE NH		5.4 CITY-ST-ZIP	Silver Lake NH 03875	
TITLE	STD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STYLES, R. P. G.		6.2 NAME		
STREET ADDRESS	8 YORKRIDGE ROAD WILLOWDALE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO ON M291R		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Mary Louise Pflugner Manager H V Club 2-9-99 383-9544 941-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #