2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03567

1. Entity Name

HARBOUR VILLA CLUB AT THE BUCCANEER CONDOMINIUM

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90028 024 ****61.25

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0047145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PFLUGNER, GEOFFREY 1 CARK MERRIU ET AL 2033 MAIN ST, STE. 101 SARASOTA FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLES, CLAUDE ~~150 HAZEL LANE~~ ~~WINNETKA IL 60093~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2237 ROYAL RIDGE DR. NORTHBROOK, IL 60032	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIPPERFURTH, WILLIAM 208 SHADY LANE SPRING LAKE MI 49456	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRELL GRIFFIN 1301 N. LAKE SYBELIA DRIVE MAITLAND, FL 32751	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUJARDIN, DAVID 513 E. DAVIES LOOP LAKE STEVENS WA 98258	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIM BROOKS 615 DREAM ISLAND ROAD #304 LONGBOAT KEY, FL 34228	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILAH, HELEN 6708 POINT DRIVE EDINA MN 55435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~FURSE, ROGER~~ ~~P.O. BOX 148 N/A~~ ~~SILVER LAKE NH 03875~~	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STYLES, R. P. G. ~~8 YORKRIDGE ROAD — WILLOWDALE~~ ~~TORONTO, ONTARIO M2N1R~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ROYAL BANK PLAZA, SUITE 3115 TORONTO, ONTARIO, CANADA M5J 2J5	☑ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Mary Louise Mergen SIGNATURE REQUIRED 3/26/00 941-383-9544x120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #