FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N04676 (5)					
BUCCANEER PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business		Mailing Address		r nobinida bil bankı bildir bildi kadılı dirik bildir bildi	E BIRDE BIRII REBIT GERIF FRAF
7119 SOUTH TAMIAMI TRAIL PO BOX 10714				3. Date Incorporated or Qualified	
Suite A Sarasota Fl 34231		BRADENTON FL 34282 US		08/14/1984	
US	57251	US		4. FEI Number	Applied For
				59-2435669	Not Applicable
2. Principal Place of Business		2a. Mailing Address	*** Tau ***	5. Certificate of Status Desired	\$8.75 Additional
Suite. Apt. #, etc.		Suite, Apt. W, etc. 50	MAMI TRAIL	8 Floation Compaign Figureina	Fee Required
22		27 SACASOTA	F 34231	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners	7.4
23		28 3/4 JA	RASOTA, FL	Yes C] No
Zip	Country	Zip 3423/	Country SARASOTA	8. This corporation owes or has paid the curre	
24	9. Name and Address of Current	120	0 SARASOTA	Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No
81 Name —					
a. 578				TEVE RIDER ress (P.O. Box Number Is Not Acceptable)	
570 57TH AVE WEST			7/4	19 S. TAMIAMI TRAIL	
4107					
BRADENTON FL 34207 84 City Same less Zip Code					
				ARASOTA FL	34231
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.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAME	RIDER, STEVE		1.2 NAME		
STREET ADDRESS	7119 S TAMIAMI TR, STE A		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	Doute	1.4 CITY-ST-ZIP		T Change T Addition
TITLE	DS CASADIO AOSTRU	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	CASADIO, JOSEPH 7119 S TAMIAMI TRAIL		2.2 NAME 2.3 STREET ADDRESS		İ
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	ASD	DELETE	3.1 TITLE		Change Addition
NAME	MARONE, BOB	·	3.2 NAME		
STREET ADDRESS	PO BOX 10714 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		Change Addition
NAME	RIDER, DONALD		4. 2 NAME		
STREET ADDRESS	7119 S. TAMIAMI		4.3 STREET ADDRESS		İ
CITY-ST-ZIP TITLE	SARASOTA FL 34231	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		been	5.2 NAME	•	Origingo Procentian
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME .			6.2 NAME		Ì
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby c	ertity that the information supplied wit	in this filing does not qualify for	tne exemption stated in	Section 119.07(3)(i), Florida Statutes. I further cert	iry 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. (941)922-0411 SIGNATURE: