

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 12: 12

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1984	3a. Date of Last Report 03/15/1994
4. FEI Number 65-0047145	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEPARD, JOHN
STREET ADDRESS	6272 28 ST SE
CITY - ST - ZIP	GRAND RAPIDS MI
TITLE	D
NAME	WIPPERFURTH, WILLIAM
STREET ADDRESS	208 SHADY LANE
CITY - ST - ZIP	SPRING LAKE MI
TITLE	D
NAME	FURSE, RODGER
STREET ADDRESS	18 S GEORGE ST, UNIT 62
CITY - ST - ZIP	YORK PA
TITLE	STD
NAME	BROOKS, JAMES
STREET ADDRESS	3350 PALOS VERDES DR. E.
CITY - ST - ZIP	PALOS VERDES CA
TITLE	VPO
NAME	SANSONE, SAM
STREET ADDRESS	27 HARDING AVE
CITY - ST - ZIP	LOCKPORT NY
TITLE	D
NAME	STYLES, R. P. G.
STREET ADDRESS	8390 COUNTRYWOOD
CITY - ST - ZIP	CORDOVA TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shepard, John
STREET ADDRESS	6272 23 St SE
CITY - ST - ZIP	Grand Rapids, MI
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Brooks, James
STREET ADDRESS	3350 Palos Verdes Dr E
CITY - ST - ZIP	Palos Verdes, CA
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD Styles, R.P.G.
STREET ADDRESS	8390 Countrywood
CITY - ST - ZIP	Cordova, TN

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Saul Eisman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95 810/951-6600
DATE DAYTIME PHONE #

Saul Eisman Executive Director