## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N03567 (7)

HARBOUR VILLA CLUB AT THE BUCCANEER CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 595 DREAM ISLAND RD 595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520 LONGBOAT KEY FL 34228-1520 3a. Date of Last Report 3. Date Incorporated or Qualified 04/12/1995 06/11/1984 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0047145 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) 82 EISEMAN, SAUL 1801 MAIN ST 83 SARASOTA FL 34236 84 City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME SHEPARD, JOHN 1.3 STREET ADDRESS 6272 28 ST SE STREET ADDRESS 1.4 CITY - ST - ZIP **GRAND RAPIDS MI** CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TOLE TITLE 22 NAME WIPPERFURTH, WILLIAM NAME 2.3 STREET ADDRESS 208 SHADY LANE STREET ADDRESS 2. 4 CITY-ST-ZIP SPRING LAKE MI CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME FURSE, RODGER NAME Thomas Amoriello 18 S GEORGE ST, UNIT 62 3.3 STREET ADDRESS STREET ADDRESS 25 A Circle Road Scarsdale, NY 3.4. CiTY-ST-ZIP YORK PA CITY-ST-ZIP ☐ Addition Change DELETE 4 1 TITLE TITLE PD 4. 2 NAME NAME **BROOKS, JAMES** 4.3 STREET ADDRESS 3350 PALOS VERDES DR. E. STREET ADDRESS 4.4 CITY-ST-ZIP PALOS VERDES CA CITY-ST-ZIP 500001789775 Addition DELETE 5.1 TITLE TITLE VPD 52 NAME 4 ... SANSONE, SAM -04/23/96--01011--015 5.3 STREET ADDRESS 27 HARDING AVE STREET ADDRESS \*\*\*61.25 5.4 CITY - ST-ZIP LOCKPORT NY CITY-ST-ZIP ■ Addition DELETE 61 TITLE TITLE STD

**CORDOVA TN** 14. Ido 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 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 carty; 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 charged, or on an attachment with an address. CITY-ST-ZIP

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-2IP

SIGNATURE:

NAME

STREET ADDRESS

STYLES, R. P. G.

8390 COUNTRYWOOD

SIGNATURE G OFFICER OF DIRECTOR

(12/95)CR2E037