


FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03567 (7)**

1. Corporation Name  
**HARBOUR VILLA CLUB AT THE BUCCANEER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520</b>	Mailing Address <b>595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520</b>
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3. Date Incorporated or Qualified <b>06/11/1984</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>65-0047145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GISEMAN, SAUL  
4901 MAIN ST  
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

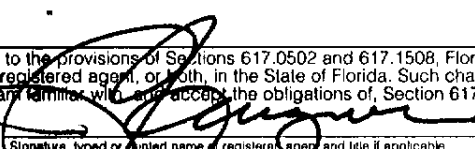
B1 Name **GEOFFERY PFLUGNER**

B2 Street Address (P.O. Box Number is Not Acceptable)  
**GARD, FERRIC ET AL**

B3 **2033 MAIN ST Suite 101**

B4 City **SARASOTA** FL B5 Zip Code **34238**

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  **4/25/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SHEPARD, JOHN</b>
STREET ADDRESS	<b>6272 28 ST SE</b>
CITY - ST - ZIP	<b>GRAND RAPIDS MI</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WIPPERFURTH, WILLIAM</b>
STREET ADDRESS	<b>208 SHADY LANE</b>
CITY - ST - ZIP	<b>SPRING LAKE MI</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMORIELLO, THOMAS</b>
STREET ADDRESS	<b>25 A CIRLE ROAD</b>
CITY - ST - ZIP	<b>SCARSDALE NY</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BROOKS, JAMES</b>
STREET ADDRESS	<b>3350 PALOS VERDES DR. E.</b>
CITY - ST - ZIP	<b>PALOS VERDES CA</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SANSONE, SAM</b>
STREET ADDRESS	<b>27 HARDING AVE</b>
CITY - ST - ZIP	<b>LOCKPORT NY</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>STYLES, R. P. G.</b>
STREET ADDRESS	<b>8390 COUNTRYWOOD</b>
CITY - ST - ZIP	<b>CORDOVA TN</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Claude Boles</b>
1.3 STREET ADDRESS	<b>1550 Hazel Lane</b>
1.4 CITY - ST - ZIP	<b>Winnetka, IL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Rodger FURSE</b>
5.3 STREET ADDRESS	<b>PO Box 148</b>
5.4 CITY - ST - ZIP	<b>Silver Lake, NH</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>TERRY GRIPPIN</b>
6.3 STREET ADDRESS	<b>1301 N. LAKE</b>
6.4 CITY - ST - ZIP	<b>SYBELIA DR. MAITLAND, FL, 32751</b>

14. I do 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.

CR2E037 (9/96)