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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 585 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520	Mailing Address 585 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520
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3. Date Incorporated or Qualified
06/11/1984

4. FEI Number
65-0047145

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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. Country
24. Country	29. Zip
25. Country	30. USA

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

**PFLUGNER, GEOFFREY
1 CARK MERRIU ET AL
2033 MAIN ST, STE. 101
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLES, CLAUDE	1.2 NAME	
STREET ADDRESS	150 HAZEL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINNETKA IL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIPPERFURTH, WILLIAM	2.2 NAME	
STREET ADDRESS	208 SHADY LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPRING LAKE MI	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMORIELLO, THOMAS	3.2 NAME	
STREET ADDRESS	29 A GLE ROAD	3.3 STREET ADDRESS	71 Club Pointe Dr.
CITY - ST - ZIP	88 ARDRALE NY	3.4 CITY - ST - ZIP	White Plains, NY 10605
TITLE	PD D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, JAMES	4.2 NAME	
STREET ADDRESS	8888 PALMS VERDES DR. E.	4.3 STREET ADDRESS	615 Dream Island Road
CITY - ST - ZIP	PALMS VERDES CA	4.4 CITY - ST - ZIP	Longboat Key, FL. 34228
TITLE	VRG President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURSE, ROGER	5.2 NAME	PD
STREET ADDRESS	P.O. BOX 148 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER LAKE NH	5.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYLES, R. P. G.	6.2 NAME	
STREET ADDRESS	8888 COUNTRYWOOD	6.3 STREET ADDRESS	8 Yorkridge Rd. Willowdale,
CITY - ST - ZIP	8888 COUNTRYWOOD	6.4 CITY - ST - ZIP	Toronto, Ontario, Canada M2P 1R7

14. 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 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.

SIGNATURE: _____ Date _____ Daytime Phone # **0064801**

Mary Louise Nugent 4/23/98 941-383-9544 X126

CR2E037 (10/97)