


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90007 035 \*\*\*\*61.25

0067072

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N03567**

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

Principal Place of Business 595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520	Mailing Address 595 DREAM ISLAND RD LONGBOAT KEY FL 34228-1520
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0047145
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PFLUGNER, GEOFFREY 1 CARK MERRIU ET AL 2033 MAIN ST, STE. 101 SARASOTA FL 34237		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" 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	Winnetka, IL 60098
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	SPRING LAKE, MI 49456
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMORIELLO, THOMAS	3.2 NAME	DAVID DUJARDIN
STREET ADDRESS	71 CLUB POINTE DRIVE	3.3 STREET ADDRESS	513 East DAVIES LOOP
CITY-ST-ZIP	WHITE PLAINS NY 10605	3.4 CITY-ST-ZIP	Lake Stevens, WA 98258
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, JAMES	4.2 NAME	Helen SILHA
STREET ADDRESS	615 DREAM ISLAND ROAD	4.3 STREET ADDRESS	6708 POINT DR
CITY-ST-ZIP	LONGBOAT KEY FL 34228	4.4 CITY-ST-ZIP	EDINA, MN 55435
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURSE, ROGER	5.2 NAME	
STREET ADDRESS	P.O. BOX 148 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER LAKE NH	5.4 CITY-ST-ZIP	Silver Lake NH 03875
TITLE	STD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYLES, R. P. G.	6.2 NAME	
STREET ADDRESS	8 YORKRIDGE ROAD WILLOWDALE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON M291R	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Mary Louise Messinger, Manager #V Club* 2-9-99 383-9544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)