


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000002865 (2) 1. Corporation Name BUCCANEER HOMEOWNERS' ASSOCIATION, INC.	



Principal Place of Business	Mailing Address
C/O WILLIAM R. KORP. ESQUIRE 333 SOUTH TAMiami TRAIL, SUITE 199 VENICE FL 34285	C/O WILLIAM R. KORP. ESQUIRE 333 SOUTH TAMiami TRAIL, SUITE 199 VENICE FL 34285

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995		3a. Date of Last Report	
21 BUCCANEER ESTATES		26		4. FEI Number 59-2509786		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 2210 TAMiami TR.		27 905 CALAMONDIN CT		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23 N. FT MYERS FL		28 N. FT MYERS FL					
Zip		Zip					
24 33917		25 USA		29 33917		30 USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KORP, WILLIAM R ESQUIRE 333 SOUTH TAMiami TRAIL SUITE 199 VENICE FL 34285		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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					
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, HILLIS		1.2 NAME	LARRY RHODES	
STREET ADDRESS	426 HIDDEN COVE		1.3 STREET ADDRESS	217 CAVILLER CT	
CITY - ST - ZIP	N. FORT MYERS FL 33917		1.4 CITY - ST - ZIP	N. FT MYERS FL 33917	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	✓	
NAME	WHITE, ARNOLD		2.2 NAME	ARNOLD WHITE	
STREET ADDRESS	759 PIRATES REST ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIP	N. FORT MYERS FL 33917		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHOLLANDER, GWEN		3.2 NAME	GWEN DEHOLLANDER	
STREET ADDRESS	433 HIDDEN COVE		3.3 STREET ADDRESS		
CITY - ST - ZIP	N. FORT MYERS FL 33917		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	PEIROLO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIROLO, AL		4.2 NAME		
STREET ADDRESS	321 DOUBLOON DRIVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	N. FORT MYERS FL 33917		4.4 CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDWIG, RUDY		5.2 NAME	ROBERT BILODEAU	
STREET ADDRESS	454 AVANTI WAY BOULEVARD		5.3 STREET ADDRESS	251 CAVILLER CT	
CITY - ST - ZIP	N. FORT MYERS FL 33917		5.4 CITY - ST - ZIP	N. FT MYERS FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	T	
NAME	HINDERLITER, IRENE		6.2 NAME	IRENE HINDERLITER	
STREET ADDRESS	905 CALAMONDI COURT		6.3 STREET ADDRESS	905 CALAMONDIN CT	
CITY - ST - ZIP	N. FORT MYERS FL 33917		6.4 CITY - ST - ZIP		

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 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: *Irene Hinderliter* IRENE HINDERLITER 4-29-96 (941) H 997-3842 (941) W 332-2666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)