

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # **N95000002865 (2)**

1. Corporation Name

BUCCANEER HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**BUCCANEER ESTATES
2210 TAMiami TRAIL
NORTH FORT MYERS FL 33917
US**

Mailing Address
**C/O WILLIAM R. KORP, ESQUIRE
905 CALAMONDIN CT
NORTH FORT MYERS FL 33917
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/06/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0720458	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 <i>905 CALAMONDIN CT.</i>	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/> Added to Fees
23	28 <i>NFT MYERS FL</i>	8. This corporation owes or has paid the current year Intangible	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Zip	Personal Property Tax due June 30.	
24	29 <i>33917</i>		
Country	Country		
25	30		

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY RHODES	1.2 NAME	FRANK COOK
STREET ADDRESS	212 CAVILLER CT	1.3 STREET ADDRESS	80 JOSE GASPAR DR
CITY-ST-ZIP	N. FORT MYERS FL	1.4 CITY-ST-ZIP	NFT MYERS FL 33917
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ARNOLD	2.2 NAME	JEANNE PRESTON
STREET ADDRESS	750 PIRATES REST ROAD	2.3 STREET ADDRESS	229 CAVILLER CT
CITY-ST-ZIP	N. FORT MYERS FL	2.4 CITY-ST-ZIP	NFT MYERS FL 33917
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN DEHOLLANDER	3.2 NAME	MORT EWING
STREET ADDRESS	433 HIDDEN COVE	3.3 STREET ADDRESS	389 HIDDEN COVE RD
CITY-ST-ZIP	N. FORT MYERS FL	3.4 CITY-ST-ZIP	NFT MYERS FL 33917
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIROLO, AL	4.2 NAME	JEAN SULLIVAN
STREET ADDRESS	321 DOUBLOON DRIVE	4.3 STREET ADDRESS	471 AVANTI WAY BLVD
CITY-ST-ZIP	N. FORT MYERS FL	4.4 CITY-ST-ZIP	NFT MYERS FL 33917
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT BILODEAU	5.2 NAME	STAN DURBIN
STREET ADDRESS	251 CAVILLER CT	5.3 STREET ADDRESS	718 BRIGANTINE BLVD
CITY-ST-ZIP	N. FORT MYERS FL	5.4 CITY-ST-ZIP	NFT MYERS FL 33917
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	IRENE HINDERLITER	6.2 NAME	
STREET ADDRESS	905 CALAMONDIN CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. FORT MYERS FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE

SIGNATURE REQUIRED

Irene Hinderliter

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CR2E037 (4/97)