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Mar 24 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 # **N95000002865 (2)**

1. Corporation Name

BUCCANEER HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business	Mailing Address
BUCCANEER ESTATES 2210 TAMiami TRAIL NORTH FORT MYERS FL 33917 US	905 CALAMONDIN CT NORTH FORT MYERS FL 33917 US

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

3. Date Incorporated or Qualified	
06/06/1995	
4. FEI Number	Applied For
65-0720458	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
KORP, WILLIAM R ESQUIRE 333 SOUTH TAMiami TRAIL SUITE 199 VENICE FL 34285

10. Name and Address of New Registered Agent
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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	COOK, FRANK	
STREET ADDRESS	80 JOSE GASPAR DR	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRESTON, JEANNE	
STREET ADDRESS	220 CAVILLER CT	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EWING, MORT	
STREET ADDRESS	389 HIDDEN COVE RD	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JEAN	
STREET ADDRESS	471 AVANTI WAY BLVD	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURBIN, STAN	
STREET ADDRESS	718 BRIGANTINE BLVD	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	IRENE HINDERLITER	
STREET ADDRESS	905 CALAMONDIN CT	
CITY-ST-ZIP	N. FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	JACK COLVIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	495 AVANTI WAY BLVD	
1.3 STREET ADDRESS	NFT MYERS FL	
1.4 CITY-ST-ZIP	33917	
2.1 TITLE	2ND VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	JOHN HAWKINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	262 CAVILLER CT	
3.3 STREET ADDRESS	NFT MYERS FL	
3.4 CITY-ST-ZIP	33917	
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	1ST V PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Irene Hinderliter* 31298 941-997-3842

CR2E037 (10/97)