


FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002865			
1. Corporation Name BUCCANEER HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business BUCCANEER ESTATES 2210 TAMiami TRAIL NORTH FORT MYERS FL 33917 US		Mailing Address 905 CALAMONDIN CT NORTH FORT MYERS FL 33917 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26	06/06/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0720458	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	30	
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 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 <u>IRENE HINDERLITER TREASURER</u> <u>3-30-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	COLVIN	1.2 NAME	TOM GAYLORD
STREET ADDRESS	495 AVANTI WAY BLVD	1.3 STREET ADDRESS	363 JOSE GASPAR DR
CITY-ST-ZIP	NORTH FT. MYERS FL 33917	1.4 CITY-ST-ZIP	NORTH FTM MYERS FL 33917
TITLE	SVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, JEANNE	2.2 NAME	SHIRLEY MILLIGAN
STREET ADDRESS	229 CAVILLER CT	2.3 STREET ADDRESS	300 BLUE BEARD DR
CITY-ST-ZIP	N. FORT MYERS FL	2.4 CITY-ST-ZIP	NORTH FTM MYERS FL 33917
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWING, MORT	3.2 NAME	ANN ISHLER
STREET ADDRESS	389 HIDDEN COVE RD	3.3 STREET ADDRESS	564 PLAZA DEL SOL
CITY-ST-ZIP	N. FORT MYERS FL	3.4 CITY-ST-ZIP	NORTH FT MYERS FL 33917
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JEAN	4.2 NAME	WALLY JOHNSON
STREET ADDRESS	471 AVANTI WAY BLVD	4.3 STREET ADDRESS	828 CALAMONDIN CT
CITY-ST-ZIP	N. FORT MYERS FL	4.4 CITY-ST-ZIP	NORTH FT MYERS FL 33917
TITLE	FVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURBIN, STAN	5.2 NAME	RALPH ESPOSITO
STREET ADDRESS	718 BRIGANTINE BLVD	5.3 STREET ADDRESS	803 PIRATES REST RD
CITY-ST-ZIP	N. FORT MYERS FL	5.4 CITY-ST-ZIP	N FT 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 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:

IRENE HINDERLITER 3-15-99 941-997-3842
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)