
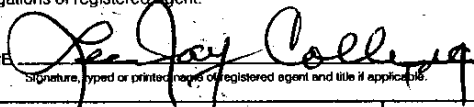



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90045 048 \*\*\*\*61.25

<b>DOCUMENT # N95000002865</b> 1. Entity Name <b>BUCCANEER HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>BUCCANEER ESTATES 2210 TAMiami TRAIL NORTH FORT MYERS, FL 33917 US</b>			Mailing Address <b>566 PLAZA DEL SOL FORT MYERS, FL 33917 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0720458</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KEATING, CLAIRE 566 PLAZA DEL SOL NORTH FORT MYERS, FL 33917</b>			7. Name and Address of New Registered Agent Name <b>Lee Jay Colling, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>682 Midland Ave</b> City <b>Altamonte Springs</b> <b>FL</b> Zip Code <b>32701</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3-16-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	FVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREHM, RALPH		NAME		
STREET ADDRESS	513 AVANTI WAY		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	PP <input checked="" type="checkbox"/> Delete		TITLE	JACK CASEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BASAK, JEANNE		NAME	457 AVANTI WAY	
STREET ADDRESS	345 DOUBLOON DR.		STREET ADDRESS	N. Ft. MYERS 33917	
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	CYRIL HANKO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MEYER, ROSALIE		NAME	727 BRIGANTINE BLVD	
STREET ADDRESS	619 PLAZA DEL SOL		STREET ADDRESS	N. FORT MYERS	
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DON BARTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KELLY, CAROLYN		NAME	734 PIRATES REST	
STREET ADDRESS	969 AVANTI WAY		STREET ADDRESS	N. FORT MYERS	
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEATING, CLAIRE		NAME		
STREET ADDRESS	566 PLAZA DEL SOL		STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLATT, PATRICIA		NAME		
STREET ADDRESS	694 AVANTI WAY		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>March 17, 2005</b> (239-997-4870) <small>Daytime Phone #</small>		