

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002865 1. Entity Name BUCCANEER HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business BUCCANEER ESTATES 2210 TAMAMI TRAIL NORTH FORT MYERS, FL 33917 US	Mailing Address 566 PLAZA DEL SOL FORT MYERS, FL 33917 US
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01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0720458	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent COLLINS, LEE J ESQ 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP BREHM, RALPH 513 AVANTI WAY NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP CASEY, JACK 457 AVANTI WAY NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKO, CYRIL 727 BRIGANTINE BLVD NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, DON 734 PIRATES REST N. FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEATING, CLAIRE 566 PLAZA DEL SOL N. FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLATT, PATRICIA 694 AVANTI WAY NORTH FORT MYERS, FL 33917

000000433150 02/24/06-80006-001 61.25 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Claire M. Keating, Treasurer 2/9/06 239-997-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #