

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90022 046 \*\*\*\*61.25

<b>DOCUMENT # N95000002865</b>					
<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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0720458	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  COLLINS, LEE J ESQ 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701				<b>7. Name and Address of New Registered Agent</b> Name: <u>LEE J. COLLINS ESQ.</u> Street Address (P.O. Box Number is Not Acceptable): <u>529 VERSAILLES DRIVE</u> <u>Suite 103</u> City: <u>MAITLAND</u> FL Zip Code: <u>32751</u>	
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	FVP BREHM, RALPH 513 AVANTI WAY NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	FVP NORMA SPINK 334 DOUBLOON NORTH FORT MYERS, FL 33917
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PP CASEY, JACK 457 AVANTI WAY NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PP JOHN SCULLIN 817 STRONGBOX NORTH FORT MYERS, FL 33917
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HANKO, CYRIL 727 BRIGANTINE BLVD NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD CANDY 452 AVANTI WAY Blvd. NORTH FORT MYERS, FL 33917
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, DON 734 PIRATES REST N. FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MARY KALEPKA 785 PIRATES REST NORTH FORT MYERS, FL 33917
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T KEATING, CLAIRE 566 PLAZA DEL SOL N. FORT MYERS, FL 33917	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S LOIS HARTEL 448 AVANTI WAY Blvd. NORTH FORT MYERS, FL 33917
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S PLATT, PATRICIA 694 AVANTI WAY NORTH FORT MYERS, FL 33917	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S LOIS HARTEL 448 AVANTI WAY Blvd. NORTH FORT MYERS, FL 33917
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Elaine M. Kenting, Treasurer</u>				3/1/07 239-997-4870	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	