

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002865

FILED
Mar 10, 2011
Secretary of State

Entity Name: BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BUCCANEER ESTATES
2210 TAMiami TRAIL
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3368
NORTH FORT MYERS, FL 33918 US

New Mailing Address:

FEI Number: 65-0720458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, LEE J ESQ
529 VERSAILLES DR.
SUITE 103
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCHOFIELD, JO
Address: 489 AVANTI WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: FVP
Name: SCULLIN, JOHN
Address: 817 STRONGBOX
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SVP
Name: KULIES, RICHARD
Address: 464 AVANTI WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TREA
Name: DAY, PEGGY
Address: 624 PLAZA DEL SOL
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SEC
Name: TYRRELL, MARRILEE
Address: 447 AVANTI WAY
City-St-Zip: NORTH FORT MYERS, FL 339172945

Title: DIR
Name: ANDERSON, JUDY
Address: 298 BLUEBEARD DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JO SCHOFIELD

PRES

03/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date