

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002865

Entity Name: BUCCANEER HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2210 TAMiami TRAIL
NORTH FORT MYERS, FL 33917**Current Mailing Address:**P.O. BOX 3368
NORTH FORT MYERS, FL 33918 US**FEI Number:** 65-0720458**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLINS, LEE JESQ
529 VERSAILLES DR.
SUITE 103
MAITLAND, FL 32751 US*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**Officer/Director Detail :**

| | |
|-----------------|---------------------------|
| Title | PRESIDENT |
| Name | REID, ROBERT |
| Address | 454 AVANTI WAY BLVD |
| City-State-Zip: | NORTH FORT MYERS FL 33917 |

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|-----------------|---------------------------|
| Title | SECRETARY |
| Name | GLABERE, ANN |
| Address | 314 BLUE BEARD DR |
| City-State-Zip: | NORTH FORT MYERS FL 33917 |

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|-----------------|---------------------------|
| Title | TREASURER |
| Name | FOSTER, GORDON |
| Address | 316 DOUBLOON DR |
| City-State-Zip: | NORTH FORT MYERS FL 33917 |

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|-----------------|---------------------------|
| Title | DIRECTOR |
| Name | PETTIT, EMMA |
| Address | 434 HIDDEN COVE |
| City-State-Zip: | NORTH FORT MYERS FL 33917 |

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|-----------------|---------------------------|
| Title | DIRECTOR |
| Name | SCHMIDT, KARL |
| Address | 466 AVANTI WAY |
| City-State-Zip: | NORTH FORT MYERS FL 33917 |

| | |
|-----------------|---------------------------|
| Title | VICE PRESIDENT |
| Name | BUCKLEY, SHARON |
| Address | 903 CALAMONDIN CT |
| City-State-Zip: | NORTH FORT MYERS FL 33917 |

| | |
|-----------------|---------------------------|
| Title | DIRECTOR |
| Name | HOSTETTER, JOANNE |
| Address | 274 BLUEBEARD DR |
| City-State-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: GORDON FOSTER

TREASURER

02/26/2019

Electronic Signature of Signing Officer/Director Detail_____
Date