

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002865

Entity Name: BUCCANEER HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**BUCCANEER ESTATES
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	PRES
Name	APPLEGATE, JUDY
Address	P.O. BOX 3368
City-State-Zip:	NORTH FORT MYERS FL 33918

Title	FVP
Name	ANDERSON, JUDITH
Address	P.O. BOX 3368
City-State-Zip:	NORTH FORT MYERS FL 33918

Title	SVP
Name	SMITH, DON
Address	P.O. BOX 3368
City-State-Zip:	NORTH FORT MYERS FL 33918

Title	TREA
Name	FOSTER, GORDON
Address	P.O. BOX 3368
City-State-Zip:	NORTH FORT MYERS FL 33918

Title	SEC
Name	HOSTETTER, JOANNE
Address	P.O. BOX 3368
City-State-Zip:	NORTH FORT MYERS FL 33918

Title	DIR
Name	DAMATA, DENNIS
Address	P.O. BOX 3368
City-State-Zip:	NORTH FORT MYERS FL 33918

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****03/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date