2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000002865

Entity Name: BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

FILED
Oct 02, 2019
Secretary of State
8762754911CC

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 Title SECRETARY

Name REID, ROBERT Name GLABERE, ANN

Address 454 AVANTI WAY BLVD Address 314 BLUE BEARD DR

City-State-Zip: NORTH FORT MYERS FL 33917 City-State-Zip: NORTH FORT MYERS FL 33917

Title TREASURER Title DIRECTOR

NameFOSTER, GORDONNameHELMICK, DAVIDAddress316 DOUBLOON DRAddress119 DOUBLOON

City-State-Zip: NORTH FORT MYERS FL 33917 City-State-Zip: N FORT MYERS FL 33917

Title DIRECTOR Title VICE PRESIDENT
Name KUCHARCZYK, LORI Name DANCER, KATRINA

Name KUCHARCZYK, LORI Name DANCER, KATRINA
Address 819 STRONG BOX Address 896 CALAMONDIN

City-State-Zip: NORTH FORT MYERS FL 33917 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 10/02/2019