

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 DANCER-ROUSE, KATARINA
Address 896 CALAMONDIN CT
City-State-Zip: NORTH FORT MYERS FL 33917

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

Title SECRETARY
Name MATHERS, MARGIE
Address 129 DOUBLOON DR
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name HELMICK, DAVID
Address 119 DOUBLOON
City-State-Zip: N FORT MYERS FL 33917

Title TREASURER
Name KUCHARCZYK, LORI
Address 819 STRONG BOX
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name ADAMS, NANCY
Address 873 LACOSTA LANE
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: LORI KUCHARCZYK

TREASURER

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date