

**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            DIRECTOR  
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            SECRETARY  
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**

**06/01/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date