

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N95000002865

**Entity Name:** BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ARTHUR HARRIS, PRESIDENT  
304 BLUE BEARD DR  
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:**

HANSON, MARK JESQ  
2033 MAIN ST  
SUITE 403  
SARASOTA, FL 34237 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:** MARK A HANSON

02/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARRIS, ARTHUR  
Address        304 BLUE BEARD DR  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            TREASURER  
Name            GIZZI, MICHELE  
Address        260 BLUE BEARD DR  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            VP  
Name            COOK, KAY E.  
Address        472 AVANTI WAY  
City-State-Zip: N FT MYERS FL 33917

Title            SECRETARY  
Name            SCHOFIELD, JO  
Address        489 AVANTI WAY  
City-State-Zip: N FT MYERS FL 33917

Title            DIRECTOR  
Name            MATHERS, MARGIE  
Address        129 DOUBLOON DR  
City-State-Zip: N. FT. MYERS FL 33917

Title            DIRECTOR  
Name            ERWIN, MICHELLE  
Address        740 PIRATES REST RD  
City-State-Zip: N. FT. MYERS FL 33917

Title            DIRECTOR  
Name            BROWDER, MARY  
Address        129 DOUBLOON DR  
City-State-Zip: N. FT. 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:** MICHELE GIZZI

TREASURER

02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date