

**2015 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 P  
Name STEELE, MARGARET  
Address 689 BRIGANTINE BLVD  
City-State-Zip: NORTH FORT MYERS FL 33917

Title V  
Name BRADFORD, ARLENE  
Address 844 FRENCHMANS CREEK  
City-State-Zip: NORTH FORT MYERS FL 33917

Title V  
Name NONE, NONE  
Address NONE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title S  
Name LAMPMAN, KENNETTEE  
Address 628 PLAZA DEL SOL  
City-State-Zip: NORTH FORT MYERS FL 33917

Title T  
Name SCULLIN, JO ANN LYNN  
Address 817 STRONGBOX LN, FL 33917  
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:** JO ANN SCULLIN

**TREASURER**

**09/30/2015**

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

\_\_\_\_\_  
Date