

2020 FLORIDA NOT FOR PROFIT CORPORATION 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, KATRINA
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: KATRINA DANCER

PRESIDENT

02/20/2020

Electronic Signature of Signing Officer/Director Detail_____
Date