

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90027 013 ****70.00

DOCUMENT # 748093

1. Entity Name
**BUCCANEER ASSOCIATION OF CONDOMINIUM
OWNERS, INC.**



Principal Place of Business
**2329 9TH STREET NORTH
BEST WESTERN LOBBY
NAPLES, FL 34103**

Mailing Address
**2329 9TH STREET NORTH
BEST WESTERN LOBBY
NAPLES, FL 34103**



01072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSEN, RUSSELL V
2329 9TH ST N
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDTS
NAME	ROSEN, RUSSELL V
STREET ADDRESS	2329 9TH ST N
CITY - ST - ZIP	NAPLES, FL
TITLE	PDTS D
NAME	ROSEN, MATTHEW G
STREET ADDRESS	2329 9TH ST N
CITY - ST - ZIP	NAPLES, FL
TITLE	D
NAME	ROSEN, LEAH E
STREET ADDRESS	2329 9TH ST N
CITY - ST - ZIP	NAPLES, FL
TITLE	PDTS
NAME	ANGELA BANKU
STREET ADDRESS	2329 9TH ST N
CITY - ST - ZIP	NAPLES, FL - 34103
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05

Date

239-777-8116

Daytime Phone #