


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # 748093 1. Entity Name BUCCANEER ASSOCIATION OF CONDOMINIUM OWNERS, INC.	
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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**



04282006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000553822
05/15/06-80068-005 61.25

10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Russell V. Rosen **RUSSELL V. ROSEN** 4/22/06 239-777-8116