

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90364 030 ****61.25

DOCUMENT # 760226

1. Entity Name
BUCCANEER BAY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**1823 BUCCANEER TERRACE
SARASOTA, FL 34231 US**

Mailing Address
**1823 BUCCANEER TERRACE
SARASOTA, FL 34231 US**

40050595



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2300953

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURAR, CLEMIE M
1823 BUCCANEER TERRACE
SARASOTA, FL 34231**

Name **DOROTHY EDWARDS**

Street Address (P.O. Box Number is Not Acceptable)
1827 BUCCANEER TER

City **SARASOTA**

FL

Zip Code
34231

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 *Dorothy B Edwards*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/06

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **WALTER, ANGEL**
CITY-ST-ZIP **1851 BUCCANEER CT
SARASOTA, FL 34231**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **ANGERS, MICHAEL**
CITY-ST-ZIP **7350 CAPTAIN KIDD AVE
SARASOTA, FL 34231**

TITLE ☒ Change ☐ Addition
NAME **YVONNE CORRIGAN**
STREET ADDRESS **1839 BUCCANEER CT.**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☒ Delete
NAME **BD**
STREET ADDRESS **ALLAN, EDWARDS**
CITY-ST-ZIP **1827 BUCCANEER TERRACE
SARASOTA, FL 34231**

TITLE ☒ Change ☐ Addition
NAME **CLEMIE MURAR**
STREET ADDRESS **1823 BUCCANEER TERRACE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **DAVIS, CONNIE**
CITY-ST-ZIP **7305 CAPTAIN KIDD CIRCLE
SARASOTA, FL 34231**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **MURAR, CLEMIE**
CITY-ST-ZIP **1823 BUCCANEER TERRACE
SARASOTA, FL 34231**

TITLE ☒ Change ☐ Addition
NAME **DOROTHY EDWARDS**
STREET ADDRESS **1827 BUCCANEER TERRACE**
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE ☒ Delete
NAME **BD**
STREET ADDRESS **KENLEY, JAMES S**
CITY-ST-ZIP **9319 CAPTAIN KIDD AVE
SARASOTA, FL 34231**

TITLE ☒ Change ☐ Addition
NAME **EDWIN KENNEDY**
STREET ADDRESS **1829 BUCCANEER TERRACE**
CITY-ST-ZIP **SARASOTA, FL 34231**

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: *Dorothy B Edwards* **DOROTHY EDWARDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

941-927-7265

Daytime Phone #