


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N04676 1. Entity Name BUCCANEER PLAZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7119 SOUTH TAMiami TRAIL SUITE A SARASOTA, FL 34231 US	Mailing Address C/O JOSEPH CASADIO 934 BLVD OF THE ARTS SARASOTA, FL 34236 US
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02182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2435669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWNING, ROBERT W JR ONE NORTH TUTTLE AVENUE SARASOTA, FL 34237
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**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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASADIO, JOSEPH 934 BLVD OF THE ARTS SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASADIO, ELIZABETH A 934 BLVD OF THE ARTS SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANK, GREGORY A 2120 BEERIDGE RD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/12/07-80029-009 61.25

**DO NOT WRITE
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: E. A. Casadio, VP 2-27-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #