

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04676**

1. Entity Name  
**BUCCANEER PLAZA CONDOMINIUM ASSOCIATION,  
INC.**



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**

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2435669**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BROWNING, ROBERT W JR  
ONE NORTH TUTTLE AVENUE  
SARASOTA, FL 34237**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME CASADIO, JOSEPH  
STREET ADDRESS 934 BLVD OF THE ARTS  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DS  
NAME CASADIO, ELIZABETH A  
STREET ADDRESS 934 BLVD OF THE ARTS  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D  
NAME BANK, GREGORY A  
STREET ADDRESS 2120 BEERIDGE RD  
CITY-ST-ZIP 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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02/13/08-80045-016 61.25

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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:**

*J. A. Casadio* **E. A. CASADIO** 1-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 388-1555