SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002865 (2)

1. Corporation Name

BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BUCCANEER ESTATES 2210 TAMIAMI TRAIL NORTH FORT MYERS FL 33917 US	C/O WILLIAM R. KORP, ESQUIRE 905 CALAMONDIN CT NORTH FORT MYERS FL 33917 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1995	3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0720458	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: 905 CALAMONDIN CT.
City & State 23	City & State 28: N FT MYERS FL
Zip 24 / Country 25	Zip 29: 33917 / Country 30

9. Name and Address of Current Registered Agent

KORP, WILLIAM R ESQUIRE
333 SOUTH TAMIAMI TRAIL
SUITE 199
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	LARRY RHODES		1.2 NAME	FRANK COOK	
STREET ADDRESS	212 CAVILLER CT		1.3 STREET ADDRESS	80 JOSE GASPAR DR	
CITY-ST-ZIP	N. FORT MYERS FL		1.4 CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	V	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	WHITE, ARNOLD		2.2 NAME	JEANNE PRESTON	
STREET ADDRESS	759 PIRATES REST ROAD		2.3 STREET ADDRESS	229 CAVILLER CT	
CITY-ST-ZIP	N. FORT MYERS FL		2.4 CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	S	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GWEN DEHOLLANDER		3.2 NAME	MORT EWING	
STREET ADDRESS	433 HIDDEN COVE		3.3 STREET ADDRESS	389 HIDDEN COVE RD	
CITY-ST-ZIP	N. FORT MYERS FL		3.4 CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	PEIROLO, AL		4.2 NAME	JEAN SULLIVAN	
STREET ADDRESS	321 DOUBLOON DRIVE		4.3 STREET ADDRESS	471 AVANTI WAY BLVD	
CITY-ST-ZIP	N. FORT MYERS FL		4.4 CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ROBERT BILODEAU		5.2 NAME	STAN DURBIN	
STREET ADDRESS	251 CAVILLER CT		5.3 STREET ADDRESS	718 BRIGANTINE BLVD	
CITY-ST-ZIP	N. FORT MYERS FL		5.4 CITY-ST-ZIP	N FT. MYERS FL 33917	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	IRENE HINDERLITER		6.2 NAME		
STREET ADDRESS	905 CALAMONDIN CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS FL		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED Irene Hinderliter 941-