

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002865

FILED
Mar 11, 2004
Secretary of State

Entity Name: BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BUCCANEER ESTATES
2210 TAMiami TRAIL
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

566 PLAZA DEL SOL
FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 65-0720458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEATING, CLAIRE
566 PLAZA DEL SOL
NORTH FORT MYERS, FL 33917

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FVP () Delete
Name: BREHM, RALPH
Address: 513 AVANTI WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PP () Delete
Name: BASAK, JEANNE
Address: 345 DOUBLOON DR.
City-St-Zip: N. FORT MYERS, FL 33917

Title: D () Delete
Name: MEYER, ROSALIE
Address: 619 PLAZA DEL SOL
City-St-Zip: N. FORT MYERS, FL 33917

Title: D () Delete
Name: KELLY, CAROLYN
Address: 969 AVANTI WAY
City-St-Zip: N. FORT MYERS, FL 33917

Title: T () Delete
Name: KEATING, CLAIRE
Address: 566 PLAZA DEL SOL
City-St-Zip: N. FORT MYERS, FL 33917

Title: S () Delete
Name: PLATT, PATRICIA
Address: 694 AVANTI WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE KEATING

T

03/11/2004

Electronic Signature of Signing Officer or Director

Date