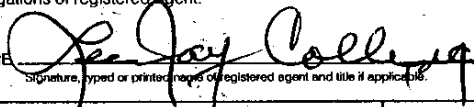


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90045 048 ****61.25

DOCUMENT # N95000002865 1. Entity Name BUCCANEER HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business BUCCANEER ESTATES 2210 TAMAMI TRAIL NORTH FORT MYERS, FL 33917 US			Mailing Address 566 PLAZA DEL SOL FORT MYERS, FL 33917 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0720458	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KEATING, CLAIRE 566 PLAZA DEL SOL NORTH FORT MYERS, FL 33917			7. Name and Address of New Registered Agent Name Lee Jay Colling, Esq. Street Address (P.O. Box Number is Not Acceptable) 682 Midland Ave City Altamonte Springs FL Zip Code 32701		
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.			DATE 3-16-05 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		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	FVP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BREHM, RALPH		NAME		
STREET ADDRESS	513 AVANTI WAY		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	PP	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	BASAK, JEANNE		NAME	JACK CASEY	
STREET ADDRESS	345 DOUBLOON DR.		STREET ADDRESS	457 AVANTI WAY	
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP	N. Ft. MYERS 33917	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	MEYER, ROSALIE		NAME	CYRIL HANKO	
STREET ADDRESS	619 PLAZA DEL SOL		STREET ADDRESS	727 BRIGANTINE BLVD	
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP	N. FORT MYERS	
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	KELLY, CAROLYN		NAME	DON BARTON	
STREET ADDRESS	969 AVANTI WAY		STREET ADDRESS	734 PIRATES REST	
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP	N. FORT MYERS	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KEATING, CLAIRE		NAME		
STREET ADDRESS	566 PLAZA DEL SOL		STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PLATT, PATRICIA		NAME		
STREET ADDRESS	694 AVANTI WAY		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
12. I 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			March 17, 2005 (239-997-4870) Date Daytime Phone #		