2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002865

1. Entity Name
BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BUCCANEER ESTATES 2210 TAMIAMI TRAIL NORTH FORT MYERS, FL 33917 US	566 PLAZA DEL SOL FORT MYERS, FL 33917 US

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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0720458
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, LEE J ESQ
682 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	FVP
NAME	BREHM, RALPH
STREET ADDRESS	513 AVANTI WAY
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	PP
NAME	CASEY, JACK
STREET ADDRESS	457 AVANTI WAY
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D
NAME	HANKO, CYRIL
STREET ADDRESS	727 BRIGANTINE BLVD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D
NAME	BARTON, DON
STREET ADDRESS	734 PIRATES REST
CITY-ST-ZIP	N. FORT MYERS, FL 33917
TITLE	T
NAME	KEATING, CLAIRE
STREET ADDRESS	566 PLAZA DEL SOL
CITY-ST-ZIP	N. FORT MYERS, FL 33917
TITLE	S
NAME	PLATT, PATRICIA
STREET ADDRESS	694 AVANTI WAY
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917

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02/24/06-80006-001 61.25

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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: Claire M. Keating, Treasurer 2/9/06 239-997-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #