2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 07, 2007 8:00 am
Secretary of State
03-07-2007 90022 046 ****61.25

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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

02152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
COLLINS, LEE J ESQ 682 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701	Name: Lee J. Collins Esq. Street Address (P.O. Box Number is Not Acceptable): 529 Versailles Drive Suite 103 City: Maitland FL Zip Code: 32751

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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	FVP BREHM, RALPH 513 AVANTI WAY NORTH FORT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVP NORMA SPINK 334 Doubloon North Fort Myers, FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP CASEY, JACK 457 AVANTI WAY NORTH FORT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP John Scullin 817 Strongbox North Fort Myers, Fl 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANKO, CYRIL 727 BRIGANTINE BLVD NORTH FORT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leonard Candy 452 Avanti Way Blvd. North Fort Myers FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTON, DON 734 PIRATES REST N. FORT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary Nalepka 785 Pirates Rest North Fort Myers, FL. 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KEATING, CLAIRE 566 PLAZA DEL SOL N. FORT MYERS, FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PLATT, PATRICIA 694 AVANTI WAY NORTH FORT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lois Hartel 448 Avanti Way Blvd. North Fort Myers, FL. 33917	☒ Change ☐ Addition

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 3/1/07 239-997-4870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #