N9500002365

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MEOWNERS, ASSC	CIATION, I	NC	
N95000002865 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this ma	tter to the following:			
Joseph Dadamo				
	(Name of Contact I	Person)		
BUCCANEER HOMEOWNERS' ASSOCIATION.	, INC.			
	(Firm/ Compar	ıy)		
P.O. BOX 3368				
- 10	(Address)		· · · · · · · · · · · · · · · · · · ·	
NORTH FORT MYERS, FL 33918				
	(City/ State and Zip	(Code)		
bhatreasury@gmail.com				
E-mail address: (to be use	ed for future annual re	port notifica	ion)	
For further information concerning this matter, pleas	se call:			
Joseph Dadamo	a	609	425-3890	
(Name of Contact Perso	on)	(Area Code	e) (Daytime Telephone Numb	er)
Enclosed is a check for the following amount made	payable to the Florida	Department	of State:	
☐ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	_	is Cer (Ac	2.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	
Mailing Address Amendment Section		treet Addres		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flori	ida Dept. of State)	
N95000002865		
(Document N	umber of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)	,
		<u>.</u>
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3
		:
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered off	<u>ice address:</u>	
Name of New Registered Agent:		
	(Flo	orida street address)
New Registered Office Address:		
	<u> </u>	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		the obligations of the position.
	Signature of New Registe	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>D</u>	Michele Gizzi	260 Blue Beard Dr North Fort Myers, FL 33917
Remove			·····
2) Change Add	<u>T</u>	Joseph Dadamo	675 Brigantine Blvd North Fort Myers, FL 33917
Remove 3) Change × Add Remove	<u>D</u>	Jo Ann Scullin	817 Strongbox Lane North Fort Myers, FL 33917
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
		cles, enter change(s) here:	
(attach additional shee	rs, ij necessary).	(ве ѕресіліс)	

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The date of each amendment(s) adoption	6/26/2024			_	, if other than the
date this document was signed.	u,				_
Effective date if applicable:	(no more than 90 day	G	me filo data)		
	(no more than 90 day	is ajter amenam	eni jiie aaie)		
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applic ent of State's records	able statutory fi	ling requirements.	this date will not	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
■ The amendment(s) was/were adopted	I by the members and	the number of v	otes cast for the a	mendment(s)	
was/were sufficient for approval.					

was/were
directors
ustee, or
_

(Title of person signing)