2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90271 002 ****61.25

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	963 AVANTI WAY BLVD NORTH FORT MYERS FL 33917 US

DO NOT WRITE IN THIS SPACE

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 ☐ 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
KORP, WILLIAM R ESQUIRE 333 SOUTH TAMIAMI TRAIL SUITE 199 VENICE FL 34285	Name: Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEVINE, JOSEPH 688 BRIGANTINE BLVD NORTH FT. MYERS FL 33917	☒ Delete	TITLE P NAME P Walker, Vivian STREET ADDRESS 352 Jose Gaspar Dr CITY-ST-ZIP N. Fort Myers, FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP WALKER, VIVIAN 352 JOSE GASPAR DR N. FORT MYERS FL 33917	☐ Delete	TITLE FVP NAME Brehm, Ralph FVP STREET ADDRESS 513 Avanti Way CITY-ST-ZIP No Ft Myers, FL 33917	[redacted] ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUDINGTON, RON 509 AVANTI WAY BLVD N. FORT MYERS FL 33917	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATSKE, ROY 945 STRONGBOX LANE N. FORT MYERS FL 33917	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, HAROLD 812 AVANTI WAY BLVD N. FORT MYERS FL 33917	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KAPSINOW, MIRIAM 963 AVANTI WAY NORTH FORT MYERS FL 33917	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Same	☐ Change ☐ Addition

CR2E037 (10/00)

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: Miriam Kapsinow MIRIAM KAPSINOW 2/1/01 941-995-7339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #