

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002865

1. Entity Name

BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90120 013 \*\*\*\*70.00

Principal Place of Business

Mailing Address

BUCCANEER ESTATES  
2210 TAMiami TRAIL  
NORTH FORT MYERS FL 33917  
US

~~828 CALAMONDIN CT~~  
~~NORTH FORT MYERS FL 33917-2802~~  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
North Ft Myers FL

4. FEI Number

65-0720458

Applied For

Not Applicable

Zip

Country

Zip  
33917

Country  
USA

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 P ☒ Delete  
NAME GAYLORD, TOM  
STREET ADDRESS 363 JOSE GASPAR DR  
CITY-ST-ZIP NORTH FT. MYERS FL 33917

TITLE P ☒ Change ☐ Addition  
NAME DEVINE, Joseph  
STREET ADDRESS 688 Brigantine Blvd  
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE SVP ☒ Delete  
NAME MILLIGAN, SHIRLEY  
STREET ADDRESS 300 BLUE BEARD DR  
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE SVP ☒ Change ☐ Addition  
NAME WALKER, Vivian  
STREET ADDRESS 352 Jose Gaspar Dr  
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE D ☒ Delete  
NAME ISHLER, ANN  
STREET ADDRESS 564 PLAZA DEL SOL  
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE ☒ Change ☐ Addition  
NAME LUDINGTON, Ron  
STREET ADDRESS 509 Avanti Way Blvd  
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE D ☒ Delete  
NAME JOHNSON, WALLY  
STREET ADDRESS 828 CALAMONDIN CT  
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE ☒ Change ☐ Addition  
NAME Roy Patake  
STREET ADDRESS 945 Strongbox Lane  
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE D ☒ Delete  
NAME ESPOSITO, RALPH  
STREET ADDRESS 803 PIRATES REST RD  
CITY-ST-ZIP N. FORT MYERS FL 33917

TITLE ☒ Change ☐ Addition  
NAME JACKSON, Harold  
STREET ADDRESS 812 Avanti Way Blvd  
CITY-ST-ZIP No Ft Myers, FL 33917

TITLE T ☒ Delete  
NAME IRENE HINDERLITER  
STREET ADDRESS 905 CALAMONDIN CT  
CITY-ST-ZIP N. FORT MYERS FL

TITLE ☒ Change ☐ Addition  
NAME Kapsinow, Miriam  
STREET ADDRESS 963 Avanti Way  
CITY-ST-ZIP No Ft Myers, FL 33917

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 4/5/00 941-995-7339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)