

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002865

1. Entity Name

BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90271 002 \*\*\*\*61.25

Principal Place of Business

BUCCANEER ESTATES  
2210 TAMiami TRAIL  
NORTH FORT MYERS FL 33917  
US

Mailing Address

963 AVANTI WAY BLVD  
NORTH FORT MYERS FL 33917  
US

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

KORP, WILLIAM R ESQUIRE  
333 SOUTH TAMiami TRAIL  
SUITE 199  
VENICE FL 34285

7. Name and Address of New Registered Agent

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 re-registering)

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

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | P                         | <input checked="" type="checkbox"/> Delete |
| NAME           | DEVINE, JOSEPH            |                                            |
| STREET ADDRESS | 688 BRIGANTINE BLVD       |                                            |
| CITY-ST-ZIP    | NORTH FT. MYERS FL 33917  |                                            |
| TITLE          | SVP                       | <input type="checkbox"/> Delete            |
| NAME           | WALKER, VIVIAN            |                                            |
| STREET ADDRESS | 352 JOSE GASPAR DR        |                                            |
| CITY-ST-ZIP    | N. FORT MYERS FL 33917    |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | LUDINGTON, RON            |                                            |
| STREET ADDRESS | 509 AVANTI WAY BLVD       |                                            |
| CITY-ST-ZIP    | N. FORT MYERS FL 33917    |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | PATSKA, ROY               |                                            |
| STREET ADDRESS | 945 STRONGBOX LANE        |                                            |
| CITY-ST-ZIP    | N. FORT MYERS FL 33917    |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | JACKSON, HAROLD           |                                            |
| STREET ADDRESS | 812 AVANTI WAY BLVD       |                                            |
| CITY-ST-ZIP    | N. FORT MYERS FL 33917    |                                            |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | KAPINOW, MIRIAM           |                                            |
| STREET ADDRESS | 963 AVANTI WAY            |                                            |
| CITY-ST-ZIP    | NORTH FORT MYERS FL 33917 |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Walker, Vivian          |                                                                              |
| STREET ADDRESS | 352 Jose Gaspar Dr      |                                                                              |
| CITY-ST-ZIP    | N. Fort Myers, FL 33917 |                                                                              |
| TITLE          | FVP                     | <input checked="" type="checkbox"/> Addition                                 |
| NAME           | Btehm, Ralph            |                                                                              |
| STREET ADDRESS | 513 Avanti Way          |                                                                              |
| CITY-ST-ZIP    | No Ft Myers, FL 33917   |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Same                    |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Kapinow

MIRIAM KAPINOW

2/1/01

941-945-7339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E037 (10/00)