

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90131 004 ****61.25

DOCUMENT # N95000002865

1. Entity Name

BUCCANEER HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**BUCCANEER ESTATES
 2210 TAMiami TRAIL
 NORTH FORT MYERS FL 33917
 US**

Mailing Address

~~609 AVANTI WAY BLVD~~ **345 DOUBLON DR.**
 NORTH FORT MYERS FL 33917
 US

2. Principal Place of Business

SAME

3. Mailing Address

345 DOUBLON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. FORT MYERS FL

4. FEI Number **65-0720458**

Applied For

Not Applicable

Zip

Country

Zip

Country

33917

US

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

Janne Basak

2-27-02

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 **FVP**
 NAME **BREHM, RALPH** ☒ Delete
 STREET ADDRESS **513 AVANTI WAY**
 CITY-ST-ZIP **NO. FORT MYERS FL 33917**

TITLE **FVP**
 NAME **LUDINGTON, RON** ☒ Change ☐ Addition
 STREET ADDRESS **509 AVANTI WAY**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **PP**
 NAME **WALKER, VIVIAN** ☐ Delete
 STREET ADDRESS **352 JOSE GASPAR DR**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **PP**
 NAME **WALKER, VIVIAN** ☐ Change ☐ Addition
 STREET ADDRESS **352 JOSE GASPAR DR**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **D**
 NAME **LUDINGTON, RON** ☒ Delete
 STREET ADDRESS **509 AVANTI WAY BLVD**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **D**
 NAME **MEYER, ROSALIE** ☒ Change ☐ Addition
 STREET ADDRESS **614 PLAZA DEL SOL**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **D**
 NAME **PATSKE, ROY** ☐ Delete
 STREET ADDRESS **945 STRONGBOX LANE**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **D**
 NAME **PATSKE, ROY** ☐ Change ☐ Addition
 STREET ADDRESS **945 STRONGBOX LANE**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **D**
 NAME **JACKSON, HAROLD** ☒ Delete
 STREET ADDRESS **812 AVANTI WAY BLVD**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **D**
 NAME **KEATING, CLAIRE** ☒ Change ☐ Addition
 STREET ADDRESS **566 PLAZA DEL SOL**
 CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **T**
 NAME **KAPINOW, MIRIAM** ☒ Delete
 STREET ADDRESS **963 AVANTI WAY**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **T**
 NAME **BASAK, JEANNE** ☒ Change ☐ Addition
 STREET ADDRESS **345 DOUBLON DRIVE**
 CITY-ST-ZIP **N. FORT 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:

Janne Basak

2-27-02

941-652-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)