

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90101 031 ****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

**345 DOUBLOON DR
FORT MYERS FL 33917
US**

2. Principal Place of Business

3. Mailing Address

566 PLAZA Del Sol

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Ft. MYERS FL.

Zip

Country

Zip

Country

33917

USA

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

CLAIRE Keating

Street Address (P.O. Box Number is Not Acceptable)

566 PLAZA Del Sol

City

N. Fort MYERS

FL

Zip Code

33917

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Claire M. Keating

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

March 4, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **FVP** ☒ Delete
NAME **LUDINGTON, RON**
STREET ADDRESS **509 AVANTI WAY**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

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

TITLE **D** ☐ Delete
NAME **MEYER, ROSALIE**
STREET ADDRESS **619 PLAZA DEL SOL**
CITY-ST-ZIP **N. FORT MYERS FL 33917**

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

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

TITLE **T** ☒ Delete
NAME **BASAK, JEANNE**
STREET ADDRESS **345 DOUBLOON DR**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **FVP** ☒ Change ☐ Addition
NAME **Ralph Brehm**
STREET ADDRESS **513 AVANTI WAY**
CITY-ST-ZIP **N. FORT MYERS, FL 33917**

TITLE **PP** ☒ Change ☐ Addition
NAME **JEANNE BASAK**
STREET ADDRESS **345 DOUBLOON DR.**
CITY-ST-ZIP **N. Ft. MYERS, FL 33917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **CAROLYN Kelly**
STREET ADDRESS **969 AVANTI WAY**
CITY-ST-ZIP **N. Ft. MYERS, FL 33917**

TITLE **TREASURER** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secy** ☒ Change ☐ Addition
NAME **PATRICIA PLATT**
STREET ADDRESS **964 AVANTI WAY**
CITY-ST-ZIP **N. 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:

Claire M. Keating

March 4, 2003 239-997-4870

CR2E037 (10/02)