

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756939

1. Entity Name

THE WOODLANDS OF CAPE CORAL HOMEOWNERS' ASSOCIAT

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90068 042 \*\*\*\*61.25

Principal Place of Business

619 SW 6 STREET  
CAPE CORAL FL 33991  
US

Mailing Address

619 SW 6 STREET  
CAPE CORAL FL 33991  
US

2. Principal Place of Business

706 SW 6 ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33991

Country

USA

Zip

33991

Country

USA

4. FEI Number

65-0092179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OSTROWSKY, KEVIN D  
619 SW 6TH STREET  
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name

JAMES P. CAHILL, JR.

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

706 SW 6 ST.

City

CAPE CORAL

FL

Zip Code

33991

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

*James P. Cahill Jr.*

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

TITLE PD  
NAME GAVBEART, JIM  
STREET ADDRESS 701 SW 6TH STREET  
CITY-ST-ZIP CAPE CORAL FL ☒ Delete

TITLE VD  
NAME OSTROWSKY, KEVIN  
STREET ADDRESS 619 SW 6TH ST.  
CITY-ST-ZIP CAPE CORAL FL ☐ Delete

TITLE STD  
NAME OSTROWSKY, LINDA R.  
STREET ADDRESS 619 SW 6 ST  
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME KEVIN OSTROWSKY  
STREET ADDRESS 619 SW 6 ST.  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☒ Change ☐ Addition

TITLE VD  
NAME JAMES AVACHON  
STREET ADDRESS 710 SW 6 ST.  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☐ Change ☐ Addition

TITLE STD  
NAME JAMES CAHILL, JR.  
STREET ADDRESS 706 SW 6 ST.  
CITY-ST-ZIP CAPE CORAL, FL 33991 ☐ Change ☐ Addition

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

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

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

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:

*James P. Cahill Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

941-540-4242  
Daytime Phone #

CR2E037 (10/00)