

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 AM 7: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746923** (2)

1. Corporation Name

BUCKINGHAM AIR PARK AND LANDOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------------|---|---------------------------------------|
| Principal Place of Business | | Mailing Address | |
| 6751 CADET AVENUE FT. MYERS FL 33905 | | 6751 CADET AVENUE FT. MYERS FL 33905 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 04/26/1979 | 05/01/1994 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 59-2499589 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$0.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 |
| | | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status | \$68.75 Supplemental Fee Not Required |
| | | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes | |
| FEMINELLA, THOMAS 6810 TECH CT. FT. MYERS FL 33905 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | 85. Zip Code |
| | FL |

| | |
|---|---------------|
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | |
| SIGNATURE | DATE |
| Ronald R. Freeman (DV) | 13 March 1995 |

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|--|
| TITLE | DP | 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FEMINELLA, THOMAS | 1.2 NAME | Haerer, James |
| STREET ADDRESS | 6810 TECH CT. | 1.3 STREET ADDRESS | 6980 Cherokee, |
| CITY - ST - ZIP | FT MYERS FL 33905 | 1.4 CITY - ST - ZIP | Fort Myers, Fl. 33905 |
| TITLE | DV | 2.1 TITLE | DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEMETH, JULIE | 2.2 NAME | Freeman, Ronald |
| STREET ADDRESS | 6761 CHEROKEE | 2.3 STREET ADDRESS | 6941 Circle Dr. |
| CITY - ST - ZIP | FT MYERS FL 33905 | 2.4 CITY - ST - ZIP | Fort Myers, Fl 33905 |
| TITLE | DST | 3.1 TITLE | DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LLOYD, MATTHAI | 3.2 NAME | Lloyd, Matthai |
| STREET ADDRESS | 6881 CIRCLE DR. | 3.3 STREET ADDRESS | 6881 Circle Dr. |
| CITY - ST - ZIP | FT MYERS FL 33905 | 3.4 CITY - ST - ZIP | Fort Myers, Fl 33905 |
| TITLE | D | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAERER, JAMES | 4.2 NAME | Espeut, Derek |
| STREET ADDRESS | 6980 CHEROKEE | 4.3 STREET ADDRESS | 14930 Center |
| CITY - ST - ZIP | FORT MYERS FL 33905 | 4.4 CITY - ST - ZIP | Fort Myers, Fl. 33905 |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRANA, JOEL | 5.2 NAME | |
| STREET ADDRESS | 6841 TECH CT. | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | FORT MYERS FL 33905 | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald R. Freeman (DV) *Ronald R. Freeman* 13 March 1995 (813) 693-497