

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 22 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746923 (2)
 1. Corporation Name
BUCKINGHAM AIR PARK AND LANDOWNERS ASSOCIATION, INC.

Principal Place of Business 6751 CADET AVENUE FT. MYERS FL 33905	Mailing Address 6751 CADET AVENUE FT. MYERS FL 33905
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21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1979	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2499589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FREEMAN, RONALD R
6941 CIRCLE DR
FT. MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name <i>Blair, Stanley P</i>
82 Street Address (P.O. Bdx Number is Not Acceptable) <i>6870 Cherokee Ave</i>
83
84 City <i>Fort Myers</i>
85 Zip Code <i>FL 33905</i>

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **7-28-97**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ESPEUT, DEREK
STREET ADDRESS	14930 CENTER
CITY-ST-ZIP	FT MYERS FL
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, RONALD
STREET ADDRESS	6941 CIRCLE DR
CITY-ST-ZIP	FORT MYERS FL 33905
TITLE	DST <input type="checkbox"/> DELETE
NAME	BLAIR, STAN
STREET ADDRESS	6870 CHEROKEE
CITY-ST-ZIP	FT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ASHCRAFT, ROBERT
STREET ADDRESS	6821 TECH CT
CITY-ST-ZIP	FT MYERS FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	NEUVILLE, GREG
STREET ADDRESS	6950 CHEROKEE
CITY-ST-ZIP	FT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Espeut, Pamela DS</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>14930 Center</i>
1.4 CITY-ST-ZIP	<i>FT Myers FL 33905</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<i>DT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<i>DP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<i>DV</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>J.W. French</i>
6.3 STREET ADDRESS	<i>6711 Cherokee Ave</i>
6.4 CITY-ST-ZIP	<i>Fort Myers FL 33905</i>

14. I do 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 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: *[Signature]* DATE: **7-28-97**

CR2E037 (4/97)