

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90011 025 ****61.25



DOCUMENT # 746923

1. Entity Name

**BUCKINGHAM AIR PARK AND LANDOWNERS
ASSOCIATION; INC.**

Principal Place of Business

**6751 CADET AVENUE
FT. MYERS FL 33905
US**

Mailing Address

**6751 CADET AVENUE
FT. MYERS FL 33905
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2499589

Applied For

Not Applicable

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

**CASKEY, ROSE
6931 CIRCLE DRIVE
FT MYERS FL 33905**

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

SIGNATURE

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
Due By May 1, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MOXLEY, WILLIAM M	
STREET ADDRESS	6770 CIRCLE DR.	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, PAT	
STREET ADDRESS	6731 CHEROKEE AVE.	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	HAAS, BOB	
STREET ADDRESS	6740 CHEROKEE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	SKAGGS, BRUCE	
STREET ADDRESS	6801 NORTH DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CASKEY, ROSE	
STREET ADDRESS	6931 CIRCLE DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Feminella	
STREET ADDRESS	6810 Tech Court	
CITY-ST-ZIP	Ft. Myers, FL, 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Losey	
STREET ADDRESS	6901 North Drive	
CITY-ST-ZIP	Ft. Myers, FL, 33905	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Cox	
STREET ADDRESS	6750 Circle Drive	
CITY-ST-ZIP	Ft. Myers, FL, 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rose Caskey - Rose Caskey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04 (239) 693-1165

Date

Daytime Phone #