

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90121 048 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CASKEY, ROSE 6931 CIRCLE DRIVE FT MYERS FL 33905		7. Name and Address of New Registered Agent 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.			



1st MOORE CR2E037 (10/05)

4. FEI Number 59-2499589	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEMINELLA, TOM		NAME	Apple, Ron	
STREET ADDRESS	6810 TECH COURT		STREET ADDRESS	14991 Center St.	
CITY-ST-ZIP	FORT MYERS FL 33905		CITY-ST-ZIP	Ft. Myers, Fl. 33905	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NURSE, JANIE		NAME	Nurse, Janie	
STREET ADDRESS	6890 CIRCLE DR		STREET ADDRESS	6890 Circle Dr.	
CITY-ST-ZIP	FT MYERS FL 33905		CITY-ST-ZIP	Ft. Myers, Fl. 33905	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOSEY, TOM		NAME	Allen, James	
STREET ADDRESS	6901 NORTH DRIVE		STREET ADDRESS	6931 Cherokee	
CITY-ST-ZIP	FT MYERS FL 33905		CITY-ST-ZIP	Ft. Myers, Fl. 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, COX		NAME	Scherrer, Glenn	
STREET ADDRESS	6750 CIRCLE DRIVE		STREET ADDRESS	6761 Cherokee	
CITY-ST-ZIP	FORT MYERS FL 33905		CITY-ST-ZIP	Ft. Myers, Fl. 33905	
TITLE	DST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASKEY, ROSE		NAME		
STREET ADDRESS	6931 CIRCLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33905		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3-22-06 (239) 693-1165