

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# 746923

Entity Name: BUCKINGHAM AIR PARK AND LANDOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6751 CADET AVENUE
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

6751 CADET AVENUE
FT. MYERS, FL 33905 US

New Mailing Address:

FEI Number: 59-2499589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BARNETT, CATHY
Address: 6961 CIRCLE DR.
City-St-Zip: FORT MYERS, FL 33905

Title: P () Delete
Name: MCBRIDE, DUNCAN
Address: 6750 SEMINOLE AVE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: CYNTHIA, COOPER
Address: 6730 SEMINOLE DR.
City-St-Zip: FORT MYERS, FL 33905

Title: DST () Delete
Name: CASKEY, ROSE
Address: 6931 CIRCLE DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: CHRISTOPHER, KIDDLER
Address: 6890 CHEROKEE AVE.
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE CASKEY

Electronic Signature of Signing Officer or Director

DST

04/15/2009

Date