FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90192 005 ****61.25

חחכו	IMENIT #	767286
1 1 1 1 1	JIVIL IN I TT	1 1 1 1 2 1 11 1

1. Corporation Name

BUCKW	UOD HOMES ASSOCIATIO	N, INC.							
Principal Place	e of Business	Mailing Ad	ddress					•	
P.O. BOX 1280		P.O. BOX					n escato accidi dikin accidi ikaci, acidi. Ciki Grick Diciki Ci	BIN ANAM EKRIL	480 OD
TALLAHASSEE			SEE FL 32317						
								OIŁ BIBŁI BIBLI	714111001
2. Principal P	lace of Business	2a. Mailing	g Address				3. Date Incorporated or Qualifed		
21		26					03/03/1983		
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				4. FEI Number 59-2266119		lied For
22		27							Applicable
City & Stat	e	City &	State				5. Certificate of Status Desired	\$8.75 Ac Fee Req	
Zip	Country	Zip		Count	гу		6. Election Campaign Financing	\$5.00 M	lay Be
24	25	29	30	5			Trust Fund Contribution	Added to	Fees
	9. Name and Address of Curre	nt Registered A	gent				10. Name and Address of New Registered Ag	ent	
				8	1 Name	20-	nadine Howell		
SHELT. DI	FNNIS			l _a	2 Street	Address	s (P.O. Box Number is Not Acceptable)		
4020 W BUGLE VIEW				"ا	1908 S. Barnway Street				
	SSEE FL 32311			8	3		,		
1/QQ/11/I/Q	SOLE TE SESTI				4 00			85 Zip Co	nda .
					4 City	110	Lacces FL	73	<i>311</i>
11. Pursuant office or r agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the obligity of the State of th	rell/B	Chadine	A Siagui	*//}	corpora oration's	ation submits this statement for the purpose of ches board of directors. I hereby accept the appointment of the purpose of ches board of directors. I hereby accept the appointment of the purpose of ches statement for the purpose of ches stateme	anging its representations	egistered stered
12.		ND DIRECTORS		13.	,,		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	SD		DELETE	1,1 TITLE		30	4 - 1] Change	#Addition
NAME	CAVALERO, MAURICE			1.2 NAME			And Teeter Change Landoning		
STREET ADDRESS	LOSS BUILDINGS OF FO			1.3 STREET ADDRESS			179 Bench Mark 150	ace	
C/TY-ST-ZIP	TALLAHASSEE FL			1.4 CITY	-ST-7IP	1	Makine , FC	323	3 //
TITLE	PD	DELETE				1.0		Change	☐ Addition
NAME	QUILLMAN, JOHN T.			2.2 NAM	E				ſ
STREET ADDRESS				2.3 STRI	ET ADDRESS				
	TALLAHASSEE FL 32311			2. 4 CITY					
CITY-ST-ZIP TITLE	TD	[*DELETE		3.1 TITLE		10	<i>11</i> . (/ [] Change	Addition
NAME	SHELT, DENNIS	<u></u>		3.2 NAME		Bec	coadine Howen	سرورا	-
STREET ADDRESS	4000 ML BUIGHT			1	EET AODRESS	19	08 S. Barnway	,	ì
	TALLAHASSEE FL				-ST-ZIP	Ta	Hadasse 12 3231	4	. 1
CITY-ST-ZIP	TALLATIAGGEL TE		☐ DELETE	4.1 TITLE		VO	rnadine Howell 51 08 5. Barnway 51 Matassee, 12 3231] Change	- Addition
NAME				4. 2 NAN		سزرتا	Towale		
STREET ADORESS	1				ET ADDRESS	180	rbara Towns 88 Benchmark Trace 8114 hossee, FC 323	-	- -
	1			4.4 CITY		42	8 8 /SCACIONATE 1 323	11	1
CITY-ST-ZIP	-		□ DELETE	5.1 TITL		 7 7	HUMMISSE OF TO SEE	Change	☐ Addition

14. 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 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: \

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition