

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90211 035 ****61.25

DOCUMENT # 767286
 1. Entity Name
BUCKWOOD HOMES ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 12805 TALLAHASSEE FL 32317 **P.O. BOX 12805 TALLAHASSEE FL 32317-2805**



DO NOT WRITE IN THIS SPACE

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 **59-2266119** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HOWELL, BERNADINE
~~4020 W BUCKLE VIEW~~
1908 S BARNWAY ST
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
 Name **same**
 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.
 SIGNATURE *Bernadine Howell* *Bernadine Howell* DATE **1/13/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	SD TRETER,	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4179 BENCHMARK TRACE TALLAHASSEE FL 32311	
TITLE NAME	PD QUILLMAN, JOHN T.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1900 S BARN WAY TALLAHASSEE FL 32311	
TITLE NAME	TD HOWELL, BERNADINE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1908 S BARNWAY ST TALLAHASSEE FL 32311	
TITLE NAME	VD TOWNS, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4288 BENCHMARK TRACE TALLASSEE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Ann Teeter	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bernadine Howell* *Bernadine Howell* DATE **1/13/00** 8501 2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)