



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-07-2007 90044 041 ****61.25

DOCUMENT # 767286 1. Entity Name BUCKWOOD HOMES ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 12805 TALLAHASSEE FL 32317		Mailing Address P.O. BOX 12805 TALLAHASSEE FL 32317			
2. Principal Place of Business - No P.O. Box # <i>None</i>		3. Mailing Address <i>None</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		1st MOORE CR2E037 (10/06)	
Zip		Country		4. FEI Number 59-2266119 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWELL, BERNADINE MGR 1908 S. BARN WAY TALLAHASSEE FL 32317			7. Name and Address of New Registered Agent Name <i>None</i> Street Address (P.O. Box Number is Not Acceptable) <i>2004 Ambrose Court Tallahassee FL 32308</i> City FL Zip Code <i>32308</i>		
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature returned when re-registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, DAN		NAME	<i>Sue Elias</i>	
STREET ADDRESS	3962 BOTHWELL TERRACE		STREET ADDRESS	4075 W Bugleview A.	
CITY-ST-ZIP	TALLAHASSEE FL 32317		CITY-ST-ZIP	Tall, FL 32317	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUILLMAN, JACK		NAME	<i>Same</i>	
STREET ADDRESS	1900S BARNWAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32317		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	member at large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKURAY, ROBERT		NAME		
STREET ADDRESS	4060 W BUGLEVIEW		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32317		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Marcus Mauldin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, RUSSELL		NAME	1915 S. Barr Way	
STREET ADDRESS	1909 S BARNWAY		STREET ADDRESS	Tall, FL 32317	
CITY-ST-ZIP	TALLAHASSEE FL 32317		CITY-ST-ZIP		
TITLE	A	<input type="checkbox"/> Delete	TITLE	(Sherrice Adkins)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLINE, SABRIE		NAME	same	
STREET ADDRESS	4013 BOTHWELL TERR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32317		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Pat Stanley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	4234 Birchmark Trace	
STREET ADDRESS			STREET ADDRESS	Tall, FL 32317	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Sue Elias Date: 1/29/07 Daytime Phone #: 224-4085		