FILED
Apr 28, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000002975

1. Entity Name
BUCKHEAD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18500 MACCLENNY ROAD MAXVILLE, FL 32234	18500 MACCLENNY ROAD MAXVILLE, FL 32234

DO NOT WRITE IN THIS SPACE

04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0580694
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOKES, MICHAEL H
18500 MACCLENNY RD
MAXVILLE, FL 32234

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstated]

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOKES, MICHAEL H
STREET ADDRESS	18500 MACCLENNY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	DT
NAME	FORD, TIM
STREET ADDRESS	400 LAKE MABLE LOOP ROAD
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	SD
NAME	BYARS, JONI
STREET ADDRESS	18500 MACCLENNY RD
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80008-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Michael H Stokes 4-26-06 904-299-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #