

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767286** (8)

1. Corporation 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

3. Date Incorporated or Qualified

03/03/1983

4. FEI Number

59-2266119

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMPSON, JERRY
4336 BENCHMARK TRACE
TALLAHASSEE FL 32311

81 Name **DENNIS SHELTON**

82 Street Address (P.O. Box Number is Not Acceptable)

4020 W. BUGLE VIEW

83

84 City

TALLAHASSEE

FL

85

Zip Code **32311**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

DENNIS SHELTON

Dennis Shelton

3/10/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE

NAME **CAVALERO, MAURICE**
STREET ADDRESS **1930 BUCKWOOD DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☒ DELETE

NAME **THOMPSON, SHERRY**
STREET ADDRESS **4336 BENCHMARK TRACE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ DELETE

NAME **SHELT, DENNIS**
STREET ADDRESS **4020 W. BUGLE VIEW**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ 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.

SIGNATURE: **DENNIS SHELTON** *Dennis Shelton* **3/10/98** **1850 575-9621**

CR2E037 (1097)