## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2006 8:00 am DOCUMENT # 767286 **Secretary of State** 1. Entity Name 02-16-2006 90046 032 \*\*\*\*61.25 BUCKWOOD HOMES ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 12805 P.O. BOX 12805 TALLAHASSEE FL 32317 TALLAHASSEE FL 32317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2266119 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWELL, BERNADINE MGR Street Address (P.O. Box Number is Not Acceptable) 1908 S. BARN WAY TALLAHASSEE FL 32317 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete THLE ☐ Change ROUSE, DAN 060 W. Bugleview 3962 BOTHWELL TERRACE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32317 CITY-ST-ZIP Tallatone Fr 32317 CITY-ST-ZIP TITLE 4+-TITLE ☐ Delete QUILLMAN, JACK NAME NAME 1900S BARNWAY STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32317 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition NAME THOMAS, LINDA NAME STREET ADDRESS 4274 BENCHMARK TRACE STREET ADDRESS TALLAHASSEE FL 32317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change FITTE Delete TITLE ☐ Addition GRANGER, RUSSELL NAME NAME 1909 S BARNWAY STREET ADDRESS STREET ADDRESS City-St-ZiP TALLAHASSEE FL 32317 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TATLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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:

U-Margen

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FILED