2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
01-29-2003 90189 036 ****61.25

1/29/

55006159

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
LAWSON, SHANN 4105 BOTHWELL TERRACE TALLAHASSEE FL 32311	Name: Linda Thomas Street Address (P.O. Box Number is Not Acceptable): 4319 Benchmark Trace City: Tallahassee FL Zip Code: 32317

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: Linda Thomas, President — Linda Thomas — 1/13/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAWSON, SHANN 4105 BOTHWELL TERR TALLAHASSEE FL 32317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Linda Thomas 4319 Benchmark Trace Tallahassee, FL 32317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMAS, LINDA 4249 BENCHMARK TR TALLAHASSEE FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Bernie Howell 1908 S. Barnway Tallahassee, FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOWNS, BARBARA 4288 BENCHMARK TR TALLAHASSEE FL 32317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Karen Phillips 4249 Benchmark Trace Tallahassee, FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TOWNS, BARBARA 4288 BENCHMARK TRACE TALLASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jack Quillman 1900 S. Barnway, Tall., FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOPF, JOEL 1940 N BARNWAY TALLAHASSEE FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DALAHA 4113 BOTHWELL TERRACE TALLAHASSEE FL 32317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Linda Thomas SIGNATURE REQUIRED — Linda Thomas — 1/13/03 — 850-877-5178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #