I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

CAM

SIGNATURE: JOANIE TROTMAN

Electronic Signature of Signing Officer/Director Detail

- 4 - 11 /**D** '

SIGNATURE: JOANIE TROTMAN

Officer/Director Detail :			
Title	D	Title	PD
Name	PEKURNY, BOB	Name	MCKASKILL, TIFFANY
Address	P.O. BOX 11143	Address	P.O. BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302
Title	D	Title	D
Name	BLACKBURN, FLO	Name	FOSTER, MICHAEL
Address	P.O. BOX 11143	Address	P.O. BOX 11143
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	TALLAHASSEE FL 32302
Title	MANAGING AGENT		
Name	FLORIDA ASSOCIATION & PROPERTY MANAGEMENT, INC.		
Address	P.O. BOX 11143		
City-State-Zip:	TALLAHASSEE FL 32302		

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.

FEI Number: 59-2266119

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SUITE C TALLAHASSEE, FL 32308 US

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767286

Entity Name: BUCKWOOD HOMES ASSOCIATION, INC.

Current Principal Place of Business:

1616 METROPOLITAN CIRCLE SUITE C TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 11143 TALLAHASSEE, FL 32302

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT 1616 METROPOLITAN CIRCLE

FILED Apr 26, 2023 Secretary of State 1289063461CC

04/26/2023 Date

Certificate of Status Desired: No

04/26/2023