

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000006047

**Entity Name:** BUCKINGHAM ESTATES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

25 HOMESTEAD RD. N  
UNIT #41  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

25 HOMESTEAD RD. N  
UNIT #41  
LEHIGH ACRES, FL 33936 US

**FEI Number: 20-2981238**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LANDEX RESORTS INTERNATIONAL  
25 HOMESTEAD RD. N  
UNIT #41  
LEHIGH ACRES, FL 33936 US

*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.*

**SIGNATURE: ROBYN ROCCO**

**08/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CODDING, JAMES MIKE  
Address 25 HOMESTEAD RD. N  
UNIT #41  
City-State-Zip: LEHIGH ACRES FL 33936

Title TREASURER  
Name CLARK, RON  
Address 25 HOMESTEAD RD. N  
UNIT #41  
City-State-Zip: LEHIGH ACRES FL 33936

Title SECRETARY  
Name REID, LEIGH  
Address 25 HOMESTEAD RD. N  
UNIT #41  
City-State-Zip: LEHIGH ACRES FL 33936

Title VP  
Name SIMMONS-BROWN, MICHELLE A  
Address 25 HOMESTEAD RD. N  
UNIT #41  
City-State-Zip: LEHIGH ACRES FL 33936

Title VP  
Name FARRER, MICHELLE  
Address 25 HOMESTEAD RD. N  
UNIT #41  
City-State-Zip: LEHIGH ACRES FL 33936

*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.*

**SIGNATURE: LEIGH REID**

**SECRETARY**

**08/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date