

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 039 ****61.25

24068162



DOCUMENT # 710098 1. Entity Name BUCKHORN SPRINGS GOLF AND COUNTRY CLUB, INC.					
Principal Place of Business P.O. BOX 1254 VALRICO, FL 33594			Mailing Address P.O. BOX 1254 VALRICO, FL 33594		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1208774	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLUSICA, NOMA C/O FAMILY MOTORS 5413 HWY 92 W. PLANT CITY, FL 33567			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOKE, LEON DR.		NAME	HOKE, DR. LEON	
STREET ADDRESS	2511 BUCKNELL DRIVE		STREET ADDRESS	2511 BUCKNELL DR.	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINTON, DONALD		NAME	MOLTE, CHADWICK	
STREET ADDRESS	PO BOX 70		STREET ADDRESS	PO BOX 1622	
CITY-ST-ZIP	SYDNEY, FL 33537		CITY-ST-ZIP	BRANDON, FL 33509	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE, DANNY		NAME	LARSEN, MARK	
STREET ADDRESS	2626 CRESTFIELD DR		STREET ADDRESS	3621 COLD CREEK DR	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	ANDERS, KAREN		NAME		
STREET ADDRESS	1311 HOLLEMAN DR		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL HILL, JERRY		NAME	Hill, Jerry O.	
STREET ADDRESS	1329 BIG PINE DRIVE		STREET ADDRESS	1329 Big Pine Dr.	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	PROCISE, FRED		NAME		
STREET ADDRESS	2410 ARBORWOOD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
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:			4/26/04 (813) 689-7766		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		