## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710098**

FILED Apr 24, 2006 Secretary of State

Entity Name: BUCKHORN SPRINGS GOLF AND COUNTRY CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2721 S MILLER ROAD VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** P.O. BOX 1254 VALRICO, FL 33595 FEI Number: 59-1208774 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONALD P. DECORT, P.A 115 SOUTH FIELDING STREET SUITE 3 TAMPA, FL 33606 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition NOLTE, CHADWICK HOLM, OLAF M Name: Name: P.O. BOX 1622 Address: 2807 FAIRWAY VIEW DRIVE Address: City-St-Zip: BRANDON, FL 335091624 City-St-Zip: VALRICO, FL 33594 US Title: ( ) Delete Title: (X) Change ( ) Addition LARSEN, MARK Name: VIGUE, SCOTT D Name: Address: 3621 COLD CREEK DRIVE Address: 915 CENTERBROOK DRIVE City-St-Zip: VALRICO, FL 33594 City-St-Zip: BRANDON, FL 633511 US Title: () Delete Title: (X) Change ( ) Addition ARNOFF, ALAN O'LOUGHLIN, SHARON A Name: Name: 2620 MANOR OAK DRIVE 3000 STARMOUNT DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 US Title: ( ) Delete Title: (X) Change ( ) Addition Name: DICKEY, RON Name: VOLINI, ROBERT A 3520 SPRINGVILLE DRIVE 2902 WEST SAN MIGUEL Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: TAMPA, FL 33629 Title: ( ) Delete Title: (X) Change ( ) Addition YOUNG, KENNETH ARNOFF, ALAN E Name: Name: 3608 SAVANNAH LAKE PLACE 2620 MANOR OAK DRIVE Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON O'LOUGHLIN SEC 04/24/2006

PYSE, KEN

4322 GLENDON PLACE

VALRICO, FL 33594

Name:

Address:

City-St-Zip: