

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90121 048 \*\*\*\*61.25

**DOCUMENT # 746923**

1. Entity Name

**BUCKINGHAM AIR PARK AND LANDOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

6751 CADET AVENUE  
FT. MYERS FL 33905  
US

Mailing Address

6751 CADET AVENUE  
FT. MYERS FL 33905  
US

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

59-2499589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**CASKEY, ROSE  
6931 CIRCLE DRIVE  
FT MYERS FL 33905**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE P ☒ Delete  
NAME FEMINELLA, TOM  
STREET ADDRESS 6810 TECH COURT  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D ☐ Delete  
NAME NURSE, JANIE  
STREET ADDRESS 6890 CIRCLE DR  
CITY-ST-ZIP FT MYERS FL 33905

TITLE VP ☒ Delete  
NAME LOSEY, TOM  
STREET ADDRESS 6901 NORTH DRIVE  
CITY-ST-ZIP FT MYERS FL 33905

TITLE D ☒ Delete  
NAME PAUL, COX  
STREET ADDRESS 6750 CIRCLE DRIVE  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE DST ☐ Delete  
NAME CASKEY, ROSE  
STREET ADDRESS 6931 CIRCLE DRIVE  
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice-President ☐ Change ☒ Addition  
NAME Apple, Ron  
STREET ADDRESS 14991 Center St.  
CITY-ST-ZIP Ft. Myers, Fl. 33905

TITLE President ☒ Change ☐ Addition  
NAME Nurse, Janie  
STREET ADDRESS 6890 Circle Dr.  
CITY-ST-ZIP Ft. Myers, Fl. 33905

TITLE Director ☐ Change ☒ Addition  
NAME Allen, James  
STREET ADDRESS 6931 Cherokee  
CITY-ST-ZIP Ft. Myers, Fl. 33905

TITLE Director ☐ Change ☒ Addition  
NAME Scherrer, Glenn  
STREET ADDRESS 6761 Cherokee  
CITY-ST-ZIP Ft. Myers, Fl. 33905

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Rose Caskey - Rose Caskey

3-22-06

(239) 693-1165