


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 03 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758656** (3)  
 1. Corporation Name  
**BUCK LAKE WOODS PROPERTY OWNERS ASSOCIATION, INC**



Principal Place of Business P.O. BOX 15845 N/A TALLAHASSEE FL 32317 US	Mailing Address P. O. BOX 15845 N/A TALLAHASSEE FL 32317 US
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3. Date Incorporated or Qualified <b>06/05/1981</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**SHANAGHAN, BARBARA**  
**1530 CANADIAN GEESE TRAIL**  
**TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: Barbara Shanaghan DATE: 7/22/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: STARNES, RICHARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 1381 YEARLING TRAIL	CITY-ST-ZIP: TALLAHASSEE FL	
TITLE: TD	NAME: SHANAGHAN, BARBARA	<input type="checkbox"/> DELETE
STREET ADDRESS: 1530 CANADIAN GEESE TRAIL	CITY-ST-ZIP: TALLAHASSEE FL	
TITLE: SD	NAME: PEREZ, TRACY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 1261 YEARLING TRAIL	CITY-ST-ZIP: TALLAHASSEE FL	
TITLE: D	NAME: ADAMS, ALLEN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 1154 ANTLER DR	CITY-ST-ZIP: TALLAHASSEE FL	
TITLE: D	NAME: BRYANT, HOWELL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 1512 YEARLING TRAIL	CITY-ST-ZIP: TALLAHASSEE FL	
TITLE:	NAME:	<input type="checkbox"/> DELETE
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Michael Stafford	
1.3 STREET ADDRESS: 1460 Canadian Geese Tr.	
1.4 CITY-ST-ZIP: Tallahassee Fl.	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE: Secretary "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: James Valentine	
3.3 STREET ADDRESS: 1735 Canadian Geese Tr.	
3.4 CITY-ST-ZIP: Tallahassee Fl.	
4.1 TITLE: Vice President "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: Scott Andree	
4.3 STREET ADDRESS: 1445 Canadian Geese Tr.	
4.4 CITY-ST-ZIP: Tallahassee Fl.	
5.1 TITLE: Alternate "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: Emily Peterson	
5.3 STREET ADDRESS: 1657 Yearling Tr.	
5.4 CITY-ST-ZIP: Tallahassee Fl.	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Shanaghan Barbara Shanaghan DATE: 7/22/98 Daytime Phone #: 942-2727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)