

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90047 035 ****61.25

DOCUMENT # 758656

1. Entity Name

BUCK LAKE WOODS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

P.O. BOX 15845
 TALLAHASSEE FL 32317
 US

Mailing Address

P.O. BOX 15845
 TALLAHASSEE FL 32317
 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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWELL, BRYANT
1512 YEARLING TRAIL
TALLAHASSEE FL 32311

Name **Heath, Thomas**

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

1078 Antler Drive

City **Tallahassee** **FL** Zip Code **32311**

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.

SIGNATURE *Barbara Shanaghan*

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

Barbara Shanaghan

(NOTE: Registered Agent signature required when reinstating)

5/01/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **HOWELL, BRYANT**
 STREET ADDRESS **1512 YEARLING TRAIL**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** Change Addition
 NAME **Thomas Heath**
 STREET ADDRESS **1078 Antler Drive**
 CITY-ST-ZIP **Tallahassee Fl. 32311**

TITLE **TD** Delete
 NAME **SHANAGHAN, BARBARA**
 STREET ADDRESS **1530 CANADIAN GEESE TRAIL**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **KEMPTON, RENEE**
 STREET ADDRESS **1501 YEARLING TRAIL**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** Change Addition
 NAME **Adams, Allen**
 STREET ADDRESS **1154 Antler Drive**
 CITY-ST-ZIP **Tallahassee, Fl. 32311**

TITLE **VPD** Delete
 NAME **BALL, CHARLES**
 STREET ADDRESS **1586 YEARLING TRAIL**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VPD** Change Addition
 NAME **Howell, Bryant**
 STREET ADDRESS **1512 Yearling Tr**
 CITY-ST-ZIP **Tallahassee, Fl. 32311**

TITLE **AD** Delete
 NAME **HEATH, NEDRA**
 STREET ADDRESS **1078 ANTLER DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **AD** Change Addition
 NAME **Stafford, Michael**
 STREET ADDRESS **1460 Canadian Geese Tr**
 CITY-ST-ZIP **Tallahassee, Fl. 32311**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AD** Change Addition
 NAME **Barnard, David**
 STREET ADDRESS **1245 Yearling Trail**
 CITY-ST-ZIP **Tallahassee, Fl. 32311**

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:

Barbara Shanaghan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

942-2727

Daytime Phone #

CR2E037 (10/00)