

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90290 011 ****61.25

DOCUMENT # 758656

1. Entity Name

BUCK LAKE WOODS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 15845
 TALLAHASSEE FL 32317
 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEATH, THOMAS
 1078 ANTLER DRIVE
 TALLAHASSEE FL 32311

Name **Shanaghan, Barbara**

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

1530 Canadian Geese Trail

City **Tallahassee**

FL

Zip Code **32317**

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.

(NOTE: Registered Agent signature required when reinstating)

4/24/02

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 **VPD** Delete
 NAME **HOWELL, BRYANT**
 STREET ADDRESS **1512 YEARLING TRAIL**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **VPD** Change Addition
 NAME **Nelson, Thomas**
 STREET ADDRESS **1579 Yearling Trail**
 CITY-ST-ZIP **Tallahassee, Fl. 32317**

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 **PD** Delete
 NAME **HEATH, THOMAS**
 STREET ADDRESS **1078 ANTLER DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **PD** Change Addition
 NAME **Atkinson, Deborah**
 STREET ADDRESS **1541 Yearling Trail**
 CITY-ST-ZIP **Tallahassee, Fl, 32317**

TITLE **SD** Delete
 NAME **ADAMS, ALLEN**
 STREET ADDRESS **1154 ANTLER DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **SD** Change Addition
 NAME **Valentine, James**
 STREET ADDRESS **1735 Canadian Geese Trail**
 CITY-ST-ZIP **Tallahassee, Fl. 32317**

TITLE **AD** Delete
 NAME **STAFFORD, MICHAEL**
 STREET ADDRESS **1460 CANADIAN GEESE TRAIL**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **AD** Change Addition
 NAME **Peterson, Emily**
 STREET ADDRESS **1657 Yearling Trail**
 CITY-ST-ZIP **Tallahassee, Fl. 32317**

TITLE **AD** Delete
 NAME **BARNARD, DAVID**
 STREET ADDRESS **1245 YEARLING TRAIL**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

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 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 **Barbara Shanaghan** **4/24/02** **942-2727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)