

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758656

**FILED**  
**Apr 26, 2004**  
**Secretary of State**

**Entity Name:** BUCK LAKE WOODS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 15845  
TALLAHASSEE, FL 32317 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15845  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANAGHAN, BARBARA  
1530 CANADIAN GEESE TRAIL  
TALLAHASSEE, FL 32317 US

**Name and Address of New Registered Agent:**

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:**

Title: VPD ( ) Delete  
Name: OAKLEY, MARY  
Address: 1672 YEARLING TRAIL  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD ( ) Delete  
Name: SHANAGHAN, BARBARA  
Address: 1530 CANADIAN GEESE TRAIL  
City-St-Zip: TALLAHASSEE, FL

Title: PD ( ) Delete  
Name: SORNE, ANNETTE  
Address: 1400 CANADIAN GEESE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD ( ) Delete  
Name: PAPKA, PHYLLIS  
Address: 1273 YEARLING TRAIL  
City-St-Zip: TALLAHASSEE, FL 32317

Title: AD ( ) Delete  
Name: UZZELL, DONNA  
Address: 1591 CANADIAN GEESE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: STRICKLAND, EDD  
Address: 1154 ANTLER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HOWELL, BRYANT  
Address: 1512 YEARLING TRAIL  
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: BARBARA SHANAGHAN

TD

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date