

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2006
Secretary of State**

DOCUMENT# 758656

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: STRICKLAND, EDD
Address: 1154 ANTLER DRIVE
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: WOLF, SCOTT
Address: 1350 CANADIAN GEESE 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: SUNQUIST, CAROL
Address: 1253 YEARLING TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

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

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

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

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 Chapter 119, 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

05/01/2006

Electronic Signature of Signing Officer or Director

Date