


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90475 021 ****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

60022979



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, THOMAS	
STREET ADDRESS	1579 YE/RLING TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHANAGHAN, BARBARA	
STREET ADDRESS	1530 CANADIAN GEESE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ATKINSON, DEBORAH	
STREET ADDRESS	1541 YE/RLING TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, JAMES	
STREET ADDRESS	1735 CANADIAN GEESE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, EMILY	
STREET ADDRESS	1541 YE/RLING TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	BARNARD, DAVID	
STREET ADDRESS	1245 YE/RLING TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oakley, Mary	
STREET ADDRESS	1672 yearling trail	
CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sorne, Annette	
STREET ADDRESS	1400 Canadian Geese Trail	
CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Papka, Phyllis	
STREET ADDRESS	1273 Yearling Trail	
CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UZZELL, Donna	
STREET ADDRESS	1591 Canadian Geese Trail	
CITY-ST-ZIP	Tallahassee FL 32317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** 4/24/03 942-2727

CR2E037 (10/02)