2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767286

FILED Jan 13, 2009 Secretary of State

Entity Name: BUCKWOOD HOMES ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
P.O. BOX 12805 TALLAHASSEE, FL 32317				2004 AMBOISE COURT TALLAHASSEE, FL 32308	
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 1 TALLAHAS	12805 SSEE, FL 323	17			
FEI Number: 59-2266119 FEI Number Applied For () FEI Nu			FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
2004 AMBC TALLAHAS	SSEE, FL 323	08 US	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () STANLEY, PAT 4234 BENCHM TALLAHASSEE	ARK TRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () QUILLMAN, JA 1900S BARNW TALLAHASSEE	'AY	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition QUILLMAN, JACK 1900S BARNWAY TALLAHASSEE, FL 32317	
Title: Name: Address: City-St-Zip:	AL () PEKURAY, RO 4060 W BUGLE TALLAHASSEE	EVIEW	Title: Name: Address: City-St-Zip:	AL (X) Change () Addition PEKURNY, ROBERT 4060 W BUGLEVIEW TALLAHASSEE, FL 32317	
Title: Name: Address: City-St-Zip:	A () ASHLINE, SABI 4013 BOTHWE TALLAHASSEE	LL TERR	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition PETE, MILES 4077 BOTHWELL TERRACE TALLAHASSEE, FL 32317	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	AL () Change (X) Addition MICHAEL, FOSTER 4110 E. BUGLEVIEW TALLAHASSEE, FL 32317	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	AL () Change (X) Addition TOM, HARRISON 4024 BOTHWELL TERRACE TALLAHASSEE, FL 32317	

I hereby certify that the information supplied with this filing does not qualify 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: BERNADINE HOWELL, MANAGER MS. 01/13/2009