

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01946

FILED
Jun 26, 2009
Secretary of State

Entity Name: BUCKHEAD RIDGE RESORT, INC.

Current Principal Place of Business:

BUCKHEAD RIDGE
670 HWY 78 B
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

PO BOX 704
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 59-2061138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, HOMER
9000 INDIAN RIVER DRIVE
HOBE SOUND, FL 33455 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GREENE, HOMER III
Address: 4580 S E BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: GREENE, ARIC
Address: 4580 S E BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: PD () Delete
Name: GREENE, HOMER C JR
Address: 9000 INDIAN RIVER DR.
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOMER C. GREENE, JR.

PD

06/26/2009

Electronic Signature of Signing Officer or Director

_____ Date