

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002529

FILED
Apr 20, 2006
Secretary of State

Entity Name: BUCKHEAD OF ORLANDO HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 678440
ORLANDO, FL 32867

New Principal Place of Business:

274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US

Current Mailing Address:

P.O. BOX 678440
ORLANDO, FL 32867

New Mailing Address:

274 WILSHIRE BLVD
STE 282
CASSELBERRY, FL 32707 US

FEI Number: 59-3696003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, GEOFFREY W
274 WILSHIRE BLVD SUITE 282
CASSELBERRY, FL 32707 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: V () Delete
Name: DEL TORO, WILFREDO M
Address: 3133 BUCK HILL PLACE
City-St-Zip: ORLANDO, FL 32817

Title: S () Delete
Name: WATERS, PAULA K
Address: 3028 BUCK HILL PLACE
City-St-Zip: ORLANDO, FL 32817

Title: T (X) Delete
Name: DEL TORO, WILFREDO M
Address: 3133 BUCK HILL PLACE
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEL TORO, WILFREDO M
Address: 3133 BUCK HILL PLACE
City-St-Zip: ORLANDO, FL 32817

Title: PSDT (X) Change () Addition
Name: WATERS, PAULA K
Address: 3028 BUCK HILL PLACE
City-St-Zip: ORLANDO, FL 32817

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: GEOFFREY W. HALL

MGT

04/20/2006

Electronic Signature of Signing Officer or Director

Date