

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001622

**FILED**  
**Feb 22, 2004**  
**Secretary of State****Entity Name:** BUCK HILL ESTATES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**110 E PINE ST  
LAKELAND, FL 33801**New Principal Place of Business:**228 L. A. COMBEE DR.  
POLK CITY, FL 33868**Current Mailing Address:**110 E PINE ST  
LAKELAND, FL 33801**New Mailing Address:**228 L. A. COMBEE DR.  
POLK CITY, FL 33868**FEI Number:** 02-0590903**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ALBRITTON, KATE E  
110 E. PINE ST.  
LAKELAND, FL 33801 US**Name and Address of New Registered Agent:**NAVARRO, ROBERT  
228 L. A. COMBEE DR.  
POLK CITY, FL 33868 US

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: ROBERT NAVARRO

02/22/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALBRITTON, E KALE  
Address: 110 E PINE ST  
City-St-Zip: LAKELAND, FL 33801

Title: VD ( ) Delete  
Name: EVANS, WILLIAM E  
Address: 110 E PINE ST  
City-St-Zip: LAKELAND, FL 33801

Title: VD ( ) Delete  
Name: EVANS, JULIE P  
Address: 110 E PINE ST  
City-St-Zip: LAKELAND, FL 33801

Title: STD ( ) Delete  
Name: ALBRITTON, SUE P  
Address: 110 E PINE ST  
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NAVARRO, ROBERT MR.  
Address: 228 L. A. COMBEE DR.  
City-St-Zip: POLK CITY, FL 33868

Title: VD (X) Change ( ) Addition  
Name: CARTAGENA, GILBERTO MR.  
Address: 219 L. A. COMBEE DR.  
City-St-Zip: POLK CITY, FL 33868

Title: SD (X) Change ( ) Addition  
Name: TRACY, DONNA K MS.  
Address: 244 L. A. COMBEE DR.  
City-St-Zip: POLK CITY, FL 33868

Title: TD (X) Change ( ) Addition  
Name: KRIEGER, DONNA M MRS.  
Address: 6209 BUCK FEVER RD.  
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Change (X) Addition  
Name: CLEMENTS, MARTHA MRS.  
Address: 6129 BUCK HILL DR.  
City-St-Zip: POLK CITY, FL 33868

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT NAVARRO

PD

02/22/2004

Electronic Signature of Signing Officer or Director

Date