

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001622

FILED  
May 03, 2005  
Secretary of State

**Entity Name:** BUCK HILL ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

228 L. A. COMBEE DR.  
POLK CITY, FL 33868

**New Principal Place of Business:**

6209 BUCK FEVER RD.  
POLK CITY, FL 33868

**Current Mailing Address:**

228 L. A. COMBEE DR.  
POLK CITY, FL 33868

**New Mailing Address:**

6209 BUCK FEVER RD.  
POLK CITY, FL 33868

**FEI Number:** 02-0590903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NAVARRO, ROBERT  
228 L. A. COMBEE DR.  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

KRIEGER, DONNA  
6209 BUCK FEVER RD.  
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: DONNA M. KRIEGER

05/03/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: TD (X) Change ( ) Addition  
Name: TAYLOR, LISA C MRS.  
Address: 6250 EIGHT POINT DR.  
City-St-Zip: POLK CITY, FL 33868

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 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: DONNA M. KRIEGER

SD

05/03/2005

Electronic Signature of Signing Officer or Director

Date