2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2007
Secretary of State

DOCUMENT# N01000001622

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

Current Principal Place of Business:

6209 BUCK FEVER RD.
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

6209 BUCK FEVER RD.
POLK CITY, FL 33868

New Mailing Address:

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:

KRIEGER, DONNA
6209 BUCK FEVER RD.
POLK CITY, FL 33868 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: PD ( ) Delete
Name: BOISVERT, JOE MR.
Address: 243 L. A. COMBEE RD.
City-St-Zip: POLK CITY, FL 33868

Title: VD ( ) Delete
Name: HOLBROOK, ALLISON MS.
Address: 6159 BUCK HILL DR.
City-St-Zip: POLK CITY, FL 33868

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

Title: TD ( ) Delete
Name: TAYLOR, LISA C MRS.
Address: 6250 EIGHT POINT DR.
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

Title: D (X) Change ( ) Addition
Name: SIDARS, MILLIE MRS.
Address: 6112 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 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: MRS. LISA C. TAYLOR TD 07/22/2007
Electronic Signature of Signing Officer or Director — Date