

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001622

FILED  
Aug 18, 2008  
Secretary of State

**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: SIDARS, MILLIE MRS.  
Address: 6112 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:      ( ) 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA TAYLOR

TD

08/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date