


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N0100003435

1. Entity Name
 ESTATES AT BUCKHORN GOLF CLUB ASSOCIATION, INC.



Principal Place of Business
 2308 FAIRWAY ESTATES CT
 VALRICO, FL 33594 US

Mailing Address
 2308 FAIRWAY ESTATES CT
 VALRICO, FL 33594 US

DO NOT WRITE IN THIS SPACE



04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 51-0461923

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAWKINS, TROY
 4710 N CORTEZ AVE
 TAMPA, FL 33614

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAWKINS, TROY
STREET ADDRESS	2304 FAIRWAY ESTATES CT
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	ACHILLE, RONALD K
STREET ADDRESS	2308 FAIRWAY ESTATES CT
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	GROOMS, BARRY
STREET ADDRESS	2306 FAIRWAY ESTATES CT
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald K. Achille* RONALD K. Achille 4/27/04 813-891-4457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #