


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90222 032 \*\*\*150.00

**DOCUMENT # N01000003435**

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**



04122005 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, TROY 2304 FAIRWAY ESTATES CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACHILLE, RONALD K 2308 FAIRWAY ESTATES CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROOMS, BARRY 2306 FAIRWAY ESTATES CT VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 4/14/05 813-654-7125

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #

TREASURER