


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90040 023 ****61.25

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent HAWKINS, TROY 4710 N CORTEZ AVE TAMPA, FL 33614				7. Name and Address of New Registered Agent Name <u>ODED, REUVEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2304 FAIRWAY ESTATES CT.</u> City <u>VALRICO</u> FL Zip Code <u>33594</u>	
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: <u>[Signature]</u> , REUVEN ODED DATE: <u>7/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<u>ODED, REUVEN</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, TROY			NAME	
STREET ADDRESS	2304 FAIRWAY ESTATES CT			STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHILLE, RONALD K			NAME	
STREET ADDRESS	2308 FAIRWAY ESTATES CT			STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOMS, BARRY			NAME	
STREET ADDRESS	2306 FAIRWAY ESTATES CT			STREET ADDRESS	
CITY-ST-ZIP	VALRICO, FL 33594			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> , RONALD K. Achille				Date: <u>7/24/06</u> Daytime Phone #: <u>(813) 654-7195</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



07232006 Chg-NP CR2E037 (4/06)

4. FEI Number **51-0461923** Applied For Not Applicable

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