

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

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004958**

1. Entity Name  
**BUCK LAKE HUNT CLUB, INC.**



Principal Place of Business  
**4965 HARRISON RD.  
MIMS, FL 32754**

Mailing Address  
**4965 HARRISON RD.  
MIMS, FL 32754**



03232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3733239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LUCIER, LEO R  
4965 HARRISON ROAD  
MIMS, FL 32754**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	DP LUCIER, LEO R 4965 HARRISON RD. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILDERBRAND, DONALD 25370 ANTLER ST. CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOUMEY, ROSANNE 5740 SEMINOLE ST. SCOTTSMOOR, FL 32775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONAWAY, CYNTHIA B 4054 SWEET BAY DR. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000307699  
04/15/05-80066-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Rosanna Toumey* **ROSANNE TOUMEY** 4/4/05 269-1261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #