

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 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**



07112006 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3733239

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U000000570652
07/18/06-80004-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

ROSANNE TOUMEY
Rosanne Toumey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/06 (321) 269-1261

Date

Daytime Phone #