

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
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**



04192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 reactivating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ANTLE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000725344
05/03/07-80019-010 61.25

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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:

R. Toumey **R. Toumey**

4.19.07 (321) 269-1261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #