


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 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	



03132008 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 <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	

000000894897
04/24/08-80046-013 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 3/21/08 269-1261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #