

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000005600

1. Entity Name  
BUCKINGHAM ESTATES HOMEOWNERS ASSOCIATION, INC.



SELF  
DIVISION OF CORPORATIONS

08 AUG -4 AM 8:00

Principal Place of Business  
C/O ATTWOOD-PHILLIPS INC  
1350 ORANGE AVE STE 100  
WINTER PARK, FL 32789-4932

Mailing Address  
C/O ATTWOOD-PHILLIPS INC  
1350 ORANGE AVE STE 100  
WINTER PARK, FL 32789-4932



2. Principal Place of Business - No P.O. Box #  
40 Coldwell Banker Commercial

3. Mailing Address  
40 Coldwell Banker Commercial

Suite, Apt. #, etc.  
901 N. Lake Destiny Dr. # 110

Suite, Apt. #, etc.  
901 N. Lake Destiny Dr. # 110

City & State  
Maitland, FL

City & State  
Maitland, FL

05212008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3756312

Applied For  
Not Applicable

Zip  
32751

Country  
Orange

Zip  
32751

Country  
Orange

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

6. Name and Address of Current Registered Agent

WEAN & MALCHOW PA  
646 EAST COLONIAL DR  
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name Robin L. Webb

Street Address (P.O. Box Number is Not Acceptable)  
901 N. Lake Destiny Dr. # 110

City Maitland

FL

Zip Code  
32751

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)

7-30-08

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MAGIERA, WALTER  
STREET ADDRESS 2198 NORTHUMBRIA DR  
CITY-ST-ZIP SANFORD, FL 32771 ☐ Delete

TITLE D  
NAME CIROLI, MARYANNE  
STREET ADDRESS 2102 N. UMBRIA DR  
CITY-ST-ZIP SANFORD, FL 34411 ☐ Delete

TITLE D  
NAME CLAY, PETER  
STREET ADDRESS 2631 TWEED RUN  
CITY-ST-ZIP SANFORD, FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DST  
NAME POPP, CARRIE  
STREET ADDRESS 2631 TWEED RUN  
CITY-ST-ZIP SANFORD, FL 32771 ☐ Change ☒ Addition

TITLE DYP  
NAME CIROLI, MARYANNE  
STREET ADDRESS 2102 N. UMBRIA DR  
CITY-ST-ZIP SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE D  
NAME GUZMAN, ARMANDO  
STREET ADDRESS 6106 HEDGESPARROW LANE  
CITY-ST-ZIP SANFORD, FL 32771 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-20-08

407-77456

7/23/08