

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005600

FILED
Dec 01, 2009
Secretary of State

Entity Name: BUCKINGHAM ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O COLDWELL BANKER COMMERCIAL
901 N LAKE DESTINY DR. #110
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

C/O COLDWELL BANKER COMMERCIAL
901 N LAKE DESTINY DR. #110
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3756312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, ROBIN L
901 N LAKE DESTINY DR. #110
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ROBIN WEBB

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAGIERA, WALTER
Address: 2198 NORTHUMBRIA DR
City-St-Zip: SANFORD, FL 32771 US

Title: DV () Delete
Name: CIROLI, MARYANNE
Address: 2102 N. UMBRIA DR
City-St-Zip: SANFORD, FL 32711 US

Title: D () Delete
Name: CLAY, PETER
Address: 2631 TWEED RUN
City-St-Zip: SANFORD, FL 32771 US

Title: DST () Delete
Name: POPP, CARRIE
Address: 2631 TWEED RUN
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: GUZMAN, ARMANDO
Address: 6106 HEDGE SPARROW LANE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: CATASUS, UBALDO
Address: 6101 HEDGESPARROW LANE
City-St-Zip: SANFORD, FL 32711 US

Title: DST (X) Change () Addition
Name: CLAY, PETER
Address: 617 BORDEAUX CIRCLE
City-St-Zip: SANFORD, FL 32771 US

Title: D (X) Change () Addition
Name: BIRON, JOANNHE
Address: 2348 NORTHUMBRIA DRIVE
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN DRISCOLL

PM

12/01/2009

Electronic Signature of Signing Officer or Director

Date