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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthum Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02791 (4)

1. Corporation Name
BUCKHORN CREEK WOODS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business BOX 536 SOPCHOPPY FL 32358-0536	Mailing Address BOX 536 SOPCHOPPY FL 32358-0536
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3. Date Incorporated or Qualified 04/27/1984	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 59-3098845	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LANGSTON, PATRICK
 US 319 SOUTH
 CRAWFORDVILLE FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEUTON, EDWARD M	
STREET ADDRESS	THRESHER DR	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LANGSTON, PATRICK	
STREET ADDRESS	US 319 SOUTH	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	HAMPTON, JUDY	
STREET ADDRESS	P.O. BOX 587	
CITY-ST-ZIP	SOPCHOPPY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TEUTON, EDWARD M.	
1.3 STREET ADDRESS	9455 Thresher DR	
1.4 CITY-ST-ZIP	TALLHASSEE, FL 32312	
2.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nellums, Buanell	
2.3 STREET ADDRESS	P.O. Box 498-349 Buckhorn CK Rd	
2.4 CITY-ST-ZIP	Sopchoppy, FL 32358	
3.1 TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATTERSON, Judith K	
3.3 STREET ADDRESS	P.O. Box 400-883 Buckhorn CK Rd	
3.4 CITY-ST-ZIP	Sopchoppy, FL 32358	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward M. Teuton **REQUIRED** **4-6-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0009316

CR2E037 (9/96)