

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**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**

3. Date Incorporated or Qualified: **04/27/1984**

4. FEI Number: **59-3098845**

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **LANGSTON, PATRICK US 319 SOUTH CRAWFORDVILLE FL**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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 relistating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | VD                                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TEUTON, EDWARD M                  | 1.2 NAME  |   |
| STREET ADDRESS             | 3435 THRESHER DR.                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                    | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD                                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURRELL, NELLUMS                  | 2.2 NAME  |   |
| STREET ADDRESS             | P.O. BOX 498-349 BRICKHORN CK RD. | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SOPCHOPPY FL                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TSD                               | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PATTERSON, JUTH K                 | 3.2 NAME  |   |
| STREET ADDRESS             | P.O. BOX 400-383 BUCKHORN CK RD.  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SOPCHOPPY FL                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

*Same*

14. I 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: *Judy Patterson* (850) 217-7741

CR2E037 (10/97)