

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90158 019 ****61.25

DOCUMENT # N02791

Entity Name
BUCKHORN CREEK WOODS HOME OWNERS ASSOCIATION, IN C.

Principal Place of Business BOX 536 SOPCHOPPY FL 32358-0536	Mailing Address BOX 536 SOPCHOPPY FL 32358-0536
---	---



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3098845	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
 LANGSTON, PATRICK
 US 319 SOUTH
 CRAWFORDVILLE FL

7. Name and Address of New Registered Agent
 Name: **SAME**
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---------------------------------	---	--

D. OFFICERS AND DIRECTORS

TITLE: VD	NAME: MARLER, JOHN ALLEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 361 BUCKHORN CR RD	CITY-ST-ZIP: SOPCHOPPY FL	
TITLE: PD	NAME: THOMAS, LOUISE	<input type="checkbox"/> Delete
STREET ADDRESS: 419 BUCKHORN CR RD	CITY-ST-ZIP: SOPCHOPPY FL	
TITLE: TSD	NAME: MARLAR, HILDA	<input type="checkbox"/> Delete
STREET ADDRESS: 361 BUCKHORN CR RD	CITY-ST-ZIP: SOPCHOPPY FL 32358	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD	NAME: NEILUM BURRELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 349 BUCKHORN CR RD	CITY-ST-ZIP: SOPCHOPPY, FL	
TITLE: same	NAME: same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: same	CITY-ST-ZIP: same	

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 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: Hilda Marlar **HILDA MARLAR** 1-31-02 850-9621407
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)