

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90066 009 ****61.25

DOCUMENT # N02791
 1. Entity Name
BUCKHORN CREEK WOODS HOME OWNERS ASSOCIATION, INC.



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

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3098845** Applied For Not Applicable

5. Certificate of Status Desired **\$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 _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	PD	<input type="checkbox"/> Delete
NAME	NELLUM, JENNIFER	
STREET ADDRESS	349 BUCKHORN CR RD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	MARLAR, HILDA	
STREET ADDRESS	361 BUCKHORN CR RD	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADLEY, JENNIFER	
STREET ADDRESS	44 WINTHROPE - P.O. BOX 337	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, JENNIFER	
STREET ADDRESS	44 WINTHROPE - P.O. BOX 337	
CITY-ST-ZIP	SOPCHOPPY FL 32358	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE HUDGINS	
STREET ADDRESS	265 MULBERRY CIRCLE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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: *Louise Hudgins*, LOUISE HUDGINS **2/29/04** **850 926-9606**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

63061700



MOORE CR2E037 (11/03)