


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90032 008 ****61.25

DOCUMENT # N02791			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		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 <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LANGSTON, PATRICK US 319 SOUTH CRAWFORDVILLE, FL		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 re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELLUM, JENNIFER 349 BUCKHORN CR RD SOPCHOPPY, FL 32358 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Faughnan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P O Box 37 Sopchoppy FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HUDGINS, LOUISE <input checked="" type="checkbox"/> Delete 265 MULBERRY CIRCLE CRAWFORDVILLE, FL 32327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mary Walsh <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P O Box 5805 Tallahassee FL 32314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADLEY, JENNIFER <input type="checkbox"/> Delete 44 WINTHROPE - P.O. BOX 337 SOPCHOPPY, FL 32358	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Seidler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 191 Pine Lane Crawfordville, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Jennifer Nellum <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 349 Buckhorn Creek Rd Sopchoppy FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mary Walsh Inasauer</i>		Date: <i>3/14/05</i> Daytime Phone #: <i>850 962 2998</i>	