


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N02791 1. Entity Name BUCKHORN CREEK WOODS HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business BOX 536 SOPCHOPPY, FL 32358-0536	Mailing Address BOX 536 SOPCHOPPY, FL 32358-0536
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01172007 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000611083
 02/02/07-80046-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAUGHNAN, DAVID P.O. BOX 37 SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALSH, MARY P.O. BOX 5805 TALLAHASSEE, FL 32314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEIDLER, ROBERT 191 PINE LANE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELUM, JENNIFER 349 BUCKHORN CREEK RD. SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 title empowered.

SIGNATURE: Mary Walsh 1/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #