


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90029 023 \*\*\*\*61.25

<b>DOCUMENT # N02791</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3098845	
Zip	Country	Zip	Country	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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUGHNAN, DAVID		NAME	Faughnan David	
STREET ADDRESS	P.O. BOX 37		STREET ADDRESS	P.O. BOX 37	
CITY-ST-ZIP	SOPCHOPPY, FL 32358		CITY-ST-ZIP	Sopchoppy FL 32358	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MARY		NAME		
STREET ADDRESS	P.O. BOX 5805		STREET ADDRESS	429 Buckhorn Creek Rd	
CITY-ST-ZIP	TALLAHASSEE, FL 32314		CITY-ST-ZIP	Sopchoppy FL 32358	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDLER, ROBERT		NAME	Seidler, Robert	
STREET ADDRESS	191 PINE LANE		STREET ADDRESS	367 Buckhorn Creek Rd	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	Sopchoppy FL 32358	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELLUM, JENNIFER		NAME	Gloria Faughnan	
STREET ADDRESS	349 BUCKHORN CREEK RD.		STREET ADDRESS	P.O. Box 37	
CITY-ST-ZIP	SOPCHOPPY, FL 32358		CITY-ST-ZIP	Sopchoppy FL 32358	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <i>Mary Walsh</i>		Date: 2/25/08		Daytime Phone #: 850 681 3148	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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