2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90029 023 ****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

400452594

02212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

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 ☐ **$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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD ☒ Change ☐ Addition
NAME	Faughnan David
STREET ADDRESS	PO Box 37
CITY-ST-ZIP	Sopchoppy FL 32358
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	429 Buckhorn Creek Rd
CITY-ST-ZIP	Sopchoppy FL 32358
TITLE	PD ☒ Change ☐ Addition
NAME	Seidler, Robert
STREET ADDRESS	367 Buckhorn Creek Rd
CITY-ST-ZIP	Sopchoppy FL 32358
TITLE	S ☒ Change ☐ Addition
NAME	Gloria Faughnan
STREET ADDRESS	PO Box 37
CITY-ST-ZIP	Sopchoppy FL 32358
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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: Mary Walsh 2/25/08 8506813148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #