

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02791

FILED
Mar 09, 2009
Secretary of State

Entity Name: BUCKHORN CREEK WOODS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BOX 536
SOPCHOPPY, FL 323580536

New Principal Place of Business:

429 BUCKHORN CREEK ROAD
SOPCHOPPY, FL 32358

Current Mailing Address:

BOX 536
SOPCHOPPY, FL 323580536

New Mailing Address:

BOX 536
SOPCHOPPY, FL 32358

FEI Number: 59-3098845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGSTON, PATRICK
US 319 SOUTH
CRAWFORDVILLE, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FAUGHNAN, DAVID
Address: PO BOX 37
City-St-Zip: SOPCHOPPY, FL 32358

Title: T () Delete
Name: WALSH, MARY
Address: 429 BUCKHORN CREEK RD
City-St-Zip: SOPCHOPPY, FL 32358

Title: PD () Delete
Name: ROBERT, SEIDLER
Address: 367 BUCKHORN CREEK RD
City-St-Zip: SOPCHOPPY, FL 32358

Title: S () Delete
Name: FAUGHNAN, GLORIA
Address: PO BOX 37
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WALSH

T

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date