

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02791

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

429 BUCKHORN CREEK ROAD  
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 536  
SOPCHOPPY, FL 32358

**New Mailing Address:**

**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: T  
Name: WALSH, MARY  
Address: 429 BUCKHORN CREEK RD  
City-St-Zip: SOPCHOPPY, FL 32358

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY F. WALSH

T

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date