

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001735

1. Entity Name
BIG BUCK RANCH PROPERTY OWNERS ASSOCIATION,
INC.



Principal Place of Business
5409 COTEE RIVER DR.
NEW PORT RICHEY, FL 34652

Mailing Address
5409 COTEE RIVER DR.
NEW PORT RICHEY, FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005

CR2E037 (10/03)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWARTSEL, MARK E
5409 COTEE RIVER DR
NEW PORT RICHEY, FL 34652

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME SWARTSEL, MARK E
STREET ADDRESS 5409 COTEE RIVER DR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Change ☒ Addition
NAME DIS
STREET ADDRESS SELF, PAUL M.
CITY-ST-ZIP 1703 BAYHILL DR.
OLDSMAR, FL 34677

TITLE T ☐ Delete
NAME ODOM, JASON
STREET ADDRESS 10714 LAKE ALICE COVE
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS HULTGREN, GLENN C.
CITY-ST-ZIP 8006 E. WATERMARK DR.
INVERNESS, FL 34450

TITLE S ☐ Delete
NAME BRADLEY, THOMAS
STREET ADDRESS 5012 W. CYPRESS ST.
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROBINSON, KEITH
STREET ADDRESS 6067 OLEANDER AVE.
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DRUM, MICHAEL D
STREET ADDRESS 7107 LENAPE CIR.
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK E. SWARTSEL

4/20/05

Date

Daytime Phone #

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90278 001 ****61.25

