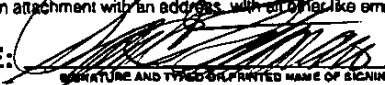


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90496 001 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N04000008326 1. Entity Name BUCKINGHAM MEADOWS OF ST. ANDREWS EAST ASSOCIATION, INC.					
Principal Place of Business 722 SHAMROCK BLVD. VENICE, FL 34293			Mailing Address 722 SHAMROCK BLVD. VENICE, FL 34293		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		20053750 	
City & State		City & State		4. FEI Number 51-0519508	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATTMANN, STEPHEN E 722 SHAMROCK BLVD. VENICE, FL 34293				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LATTMANN, STEPHEN E 722 SHAMROCK BLVD. VENICE, FL 34293	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SULLIVAN, PAMELA B 722 SHAMROCK BLVD. VENICE, FL 34293	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, RICHARD 315 PINE GLEN WAY ENGLEWOOD, FL 34223	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 an officer like empowered.					
SIGNATURE:  Stephen E. Lattmann 4/28/05 (941) 497-2353					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					