

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90052 002 ****61.25

DOCUMENT # N05000006977 1. Entity Name BUCEY'S PLACE 31ST STREET TOWNHOMES OWNERS ASSOCIATION, INC.					
Principal Place of Business 4576 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578			Mailing Address 4576 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578		
2. Principal Place of Business - No P.O. Box # 902 A Palm Blvd S		3. Mailing Address 902 A Palm Blvd S			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Niceville FL		City & State Niceville FL		4. FEI Number 20-3294083	
Zip 32578		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOUSAND, BOBBIE W 4576 HIGHWAY 20 E SUITE A NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 902 A Palm Blvd S City Niceville FL Zip Code 32578		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP WRIGHT, LAWRENCE A 4576 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 902 A Palm Blvd. S. Niceville, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HOUSAND, BOBBIE 4576 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 902 A Palm Blvd S Niceville, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- HOUSAND, BOBBIE 4576 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 902 A Palm Blvd S Niceville, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSAND, TERRY W 4576 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 902 A Palm Blvd S Niceville, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 2408 Date </div> <div> 850 6785498 Daytime Phone # </div> </div>		