

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002223

1. Entity Name
TEN POINT BUCK ESTATES HOMEOWNER'S
ASSOCIATION, INC.



Principal Place of Business
1545 KINGSTON STREET
TITUSVILLE, FL 32780

Mailing Address
1545 KINGSTON STREET
TITUSVILLE, FL 32780



04242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCK, PAUL
1545 KINGSTON STREET
TITUSVILLE, FL 32780

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000944798
05/29/08-80113-023 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BUCK, PAUL
STREET ADDRESS 1545 KINGSTON STREET
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE D
NAME BUCK, LIZANN
STREET ADDRESS 1545 KINGSTON STREET
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE D
NAME BUCK, ELIZABETH
STREET ADDRESS 1545 KINGSTON STREET
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Paul Buck PAUL BUCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

Date

321-863-2781

Daytime Phone #