


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90403 032 ****61.25

DOCUMENT # N06000003637					
1. Entity Name BUCKS RUN RESERVE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3775 AIRPORT RD N STE B NAPLES, FL 34105			Mailing Address 3775 AIRPORT RD N STE B NAPLES, FL 34105		
2. Principal Place of Business - No P.O. Box # 3785 Airport Rd N		3. Mailing Address 3785 Airport Rd N		04242008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. Syc B-1		Suite, Apt. #, etc. Syc B-1		4. FEI Number 26-0286004	
City & State Naples Florida		City & State Naples Florida		Applied For Not Applicable	
Zip 34105		Zip 34105		Country USA	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOVER, WILLIAM L 377 5 AIRPORT RD N STE B NAPLES, FL 34105			7. Name and Address of New Registered Agent Name: Hoover, William L Street Address (P.O. Box Number is Not Acceptable): 3785 Airport Rd N Suite: Syc B-1 City: Naples State: FL Zip Code: 34105		
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: <i>William L Hoover</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 4-24-08	
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 HOOVER, WILLIAM L 5690 WAX MYRTLE WAY NAPLES, FL 34109 <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	DT HOOVER, CHARLENE S 5690 WAX MYRTLE WAY NAPLES, FL 34109 <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	DS STERK, JEREMY 2875 GARLAND RD NAPLES, FL 34117 <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	V MINOR, GRADY Q 3775 AIRPORT RD N STE B NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Minor Grady Q. 3785 Airport Rd N Ste B-1 Naples, Florida 34105		
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: <i>William L Hoover</i> William L. Hoover				DATE: 4-24-08 DAYTIME PHONE: 403-8899	