

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # N08649

1. Entity Name
BUCKINGHAM CLUB MOBILE HOME OWNERS, INC.



Principal Place of Business
**1919 BUCCANEER DR
#39 BUCKINGHAM CLUB
SARASOTA, FL 34231 US**

Mailing Address
**1919 BUCCANEER DR
#39 BUCKINGHAM CLUB
SARASOTA, FL 34231 US**



01022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0322814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNS, CONNIE D
1919 BUCCANEER DR #39
SARASOTA, FL 34231**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000694239
04/17/07-80009-01761.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURNS, CONNIE D
STREET ADDRESS 1919 BUCCANEER DR #39
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VD
NAME ERICSON, ALYCE
STREET ADDRESS 1919 BUCCANEER DR #61
CITY-ST-ZIP SARASOTA, FL 34231

TITLE SD
NAME ROBERTSON, ROSELLA
STREET ADDRESS 1919 BUCCANEER DR
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VD
NAME BURNS, DANIEL
STREET ADDRESS 1919 BUCCANEER DR
CITY-ST-ZIP SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: CONNIE D. BURNS *Connie D. Burns* **4/3/07 941-927-5784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #