

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

DOCUMENT # N20989

1. Entity Name  
BUCKEYE PALMS, INC.



**FILED  
Apr 13, 2005 8:00 am  
Secretary of State**

04-13-2005 90017 008 \*\*\*\*61.25

Principal Place of Business  
400 VALLEY STREAM DR.  
NAPLES, FL 34113 US

Mailing Address  
400 VALLEY STREAM DR.  
NAPLES, FL 34113 US

**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3700805	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

LEHMAN, CHARLES C.  
5455 JAEGER RD  
STE B  
NAPLES, FL 34109

**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

9. Election Campaign Financing  
Total Fund Contribution.  \$5.00 May Be  
Added to Fees

JAMES BAGLIA DIRECTOR  
400 Valley Stream Dr 109  
Naples, FL 34113

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, MATTHEW 400 VALLEY STREAM DR #210 NAPLES, FL 34113	President DIRECTOR
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TEXTER, EUGENE 400 VALLEY STREAM DRIVE #105 NAPLES, FL 34113	SEC./TREAS
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGLIA, JOSEPH 400 VALLEY STREAM DR. #111 NAPLES, FL 34113	OUT
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUCK, MARTHA 400 VALLEY STREAM DRIVE #205 NAPLES, FL 34113	DIRECTOR
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, ALLISON 400 VALLEY STREAM DRIVE #202 NAPLES, FL 34113	U.PRES
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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 all other like empowered.

SIGNATURE: *Eugene Texter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05 291-732-1926

Date

Daytime Phone #