## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20989

FILED Mar 13, 2009 Secretary of State

Entity Name: BUCKEYE PALMS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 400 VALLEY STREAM DR. ASSOCIATION BOX NAPLES, FL 34113 **New Mailing Address: Current Mailing Address:** 400 VALLEY STREAM DR. ASSOCIATION BOX NAPLES, FL 34113 FEI Number: 59-3700805 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEHMAN, CHARLES C 5455 JAEGER RD NAPLES, FL 34109 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOUGHT, DONALD Name: Name: 400 VALLEY STREAM DR. #205 Address: Address: City-St-Zip: NAPLES, FL 34113 US City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete MCCULLOUGH, MATTHEW Name: MCCULLOUGH, MATTHEW Name: Address: 400 VALLEY STREAM DR #210 Address: 400 VALLEY STREAM DR #210 City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: () Delete Title: ST D (X) Change ( ) Addition TEXTER, EUGENE TEXTER, EUGENE Name: Name: 400 VALLEY STREAM DRIVE #105 400 VALLEY STREAM DRIVE #105 Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: ( ) Delete Title: () Change () Addition Name: DOTALO, JAMES Name: 400 VALLEY STREAM DR. #109 Address: Address: City-St-Zip: NAPLES, FL 34113 US City-St-Zip: Title: Title: () Delete () Change () Addition HOUCK, MARTHA Name: Name: 400 VALLEY STREAM DRIVE #205 Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition WATKINS, ALLISON WATKINS, ALLISON Name: Name: Address: 400 VALLEY STREAM DRIVE #202 Address: 400 VALLEY STREAM DRIVE #202 NAPLES, FL 34113 NAPLES, FL 34113 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE TEXTER P 03/13/2009