2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N21595

Entity Name: BUCKHORN GOLF CLUB ESTATES, INC.

Current Principal Place of Business:

P. O. BOX 491
VALRICO, FL 33595 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 491
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 59-2846896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGOS, FRANCES I
1801 LAUREL OAK DRIVE
VALRICO, FL 33596 US

Name and Address of New Registered Agent:

GREGOS, FRANCES I MRS.
1801 LAUREL OAK DRIVE
VALRICO, FL 33596 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: FRANCES I. GREGOS 02/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: HILL, FRED
Address: 2233 LAUREL OAK DRIVE
City-St-Zip: VALRICO, FL 33596 US

Title: VP ( ) Delete
Name: MC CLOSKY, EDWARD
Address: 1814 LAUREL OAK DRIVE.
City-St-Zip: VALRICO, FL 33596 US

Title: TREA ( ) Delete
Name: GREGOS, FRANCES I
Address: 1801 LAUREL OAK DRIVE
City-St-Zip: VALRICO, FL 33596 US

Title: SECR ( ) Delete
Name: LYNEN, BARBARA
Address: 2209 SUMMITVIEW DR
City-St-Zip: VALRICO, FL 33596 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: FRANCES I. GREGOS TREA 02/06/2009
Electronic Signature of Signing Officer or Director Date