

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90190 038 ****70.00

DOCUMENT # N24533 1. Entity Name BUCKINGHAM HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.					
Principal Place of Business P O BOX 90594 LAKELAND, FL 33804-7594			Mailing Address P O BOX 90594 LAKELAND, FL 33804-7594		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ISRAEL, NORMA J 1818 SIR HENRY'S TRAIL LAKELAND, FL 33809				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P GAGE, AL 1531 LITTLE JOHN'S TR LAKELAND, FL 33809 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAGE, JULIE 1531 LITTLE JOHN'S TR LAKELAND, FL 33809 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Tammy Reed 1821 Lady Bowers Trail Lakeland, FL 33809 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISRAEL, NORMA J 1818 SIR HENRY'S TRAIL LAKELAND, FL 33809 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAGE, JULIE 1531 LITTLE JOHN'S TR LAKELAND, FL 33809 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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 11, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Norma J Israel</u> NORMA J. ISRAEL 4/20/04 (863)398-5458					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					