

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 08:00 A
Secretary of State

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**



05082006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2956002

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ISRAEL, NORMA J
1818 SIR HENRY'S TRAIL
LAKELAND, FL 33809**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000564542
05/20/06-80074-009 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GAGE, AL 1531 LITTLE JOHN'S TR LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V REED, TAMMY 1821 LADY BOWERS TRL LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ISRAEL, NORMA J 1818 SIR HENRY'S TRAIL LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RODRIGUEZ, KATHY D 1637 LADY BOWERS TRAIL LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/06 (863)398-5458

Date

Daytime Phone #