

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90243 049 ****61.25

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**

60000576



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2956002

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 **BRUCE ANDERSON**
Street Address (P.O. Box Number is Not Acceptable)
1706 LADY BOWERS TRAIL
City **LAKELAND** FL Zip Code **33809**

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] **Treasurer**

1/5/07

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 May 1, 2007**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	T	☐ Change ☒ Addition
NAME	BRUCE ANDERSON	
STREET ADDRESS	1706 LADY BOWERS TRAIL	
CITY - ST - ZIP	LAKELAND, FL 33809	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07

Date

863-224-1155

Daytime Phone #