2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006
Secretary of State

DOCUMENT# N31684

Entity Name: BUCK FOREST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 343
ST MARKS, FL 32355 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 343
ST MARKS, FL 32355 US

New Mailing Address:

FEI Number: 73-1354501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUNTER, ANN
219 PINE LANE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

BOCCUMINI, KATHLEEN SCTRY
265 PINE LANE
CRAWFORDVILLE, FL 32327 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: KATHLEEN BOCCUMINI 07/31/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAMBOU, VICTOR
Address: 272 PINE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP ( ) Delete
Name: MOHRFELD, FRED
Address: 296 PINE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T ( ) Delete
Name: HUNTER, ANN
Address: 219 PINE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: BOCCUMINI, KATHLEEN
Address: 265 PINE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: POTTER, DOUG
Address: 82 PINE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: WATSON, BECK
Address: 227 QUAIL RUN
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WATSON, STEVE
Address: 227 QUAIL RUN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP (X) Change ( ) Addition
Name: LUCAS, MITCH
Address: 399 PINE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T (X) Change ( ) Addition
Name: WATSON, BECKY
Address: 227 QUAIL RUN
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

Title: D (X) Change ( ) Addition
Name: WEISS, ALEXANDRIA
Address: 550 WAKULLA PARK ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN BOCCUMINI SECT 07/31/2006
Electronic Signature of Signing Officer or Director Date