

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31684

FILED
Apr 27, 2007
Secretary of State

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:

227 QUAIL RUN
CRAWFORDVILLE, FL 32327 US

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 ()**

Name and Address of Current Registered Agent:

BOCCUMINI, KATHLEEN SCTRY
265 PINE LANE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

WATSON, REBECCA L TREAS.
227 QUAIL RUN
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: REBECCA L. WATSON

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: WATSON, BECKY
Address: 227 QUAIL RUN
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: WEISS, ALEXANDRIA
Address: 550 WAKULLA PARK ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: WATSON, REBECCA L
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: () 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: REBECCA L. WATSON

T

04/27/2007

Electronic Signature of Signing Officer or Director

Date