FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42068 (9)

1. Corporation Name
BUCKHORN ESTATES HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 308 VALRICO FL 33594	P.O. BOX 308 VALRICO FL 33594

3. Date Incorporated or Qualified: 02/13/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3053617 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOWERY, SUSAN I
2710 BRIARPATCH DR
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Susan I Mowery 14 April 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, LINDY	1.2 NAME		
STREET ADDRESS	2523 BRINMHOLLOW DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	same	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOWERY, ~~SUSAN I~~ ~~STEVEN~~	2.2 NAME	MOWERY, STEVEN D	
STREET ADDRESS	2710 BRIARPATCH DR	2.3 STREET ADDRESS	2710 Briarpatch DR	
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP	Valrico, Fl	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BARTLETT, MARY B	3.2 NAME	Macri, Anne	
STREET ADDRESS	2551 BRIMHOLLOW DRIVE	3.3 STREET ADDRESS	2711 Brianholly Drive	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	Valrico, Fl	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	PIENTKA, ANTHONY L	4.2 NAME	same	
STREET ADDRESS	3018 STARMOUNT DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ECKENRODE, PAUL C	5.2 NAME	Richter, Ken	
STREET ADDRESS	2428 ARBORWOOD DRIVE	5.3 STREET ADDRESS	2519 Bucknell Dr	
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	Valrico, Fl	
TITLE	SD	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	LEE, ROBERT L	6.2 NAME	Guthrie, Nicky	
STREET ADDRESS	2510 ARBORWOOD DR	6.3 STREET ADDRESS	2715 Briarpatch DR	
CITY-ST-ZIP	VALRICO FL	6.4 CITY-ST-ZIP	Valrico, Fl	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVEN D. MOWERY, PD 4/14/95 (813) 628-6812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003084