


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthart</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42068 (9)**  
1. Corporation Name  
**BUCKHORN ESTATES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 308 VALRICO FL 33594</b>	Mailing Address <b>P.O. BOX 308 VALRICO FL 33595-0308</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>33595</b> Country <b>25</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>33595</b> Country <b>30</b>		3. Date Incorporated or Qualified <b>02/13/1991</b>	3a. Date of Last Report <b>03/14/1996</b>
		4. FEI Number <b>59-3053617</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MOWERY, SUSAN I 2710 BRIARPATCH DR VALRICO FL 33594</b>				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (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	DELETE		1.1 TITLE	T/D	Treasurer	(T/D) Change Addition
NAME	WARNER, LINDY			1.2 NAME	Beth Gardner, Jay Ravins		
STREET ADDRESS	2523 BRINNHOLLOW DR			1.3 STREET ADDRESS	3940 Cloverfield Lane 2502 Arborwood		
CITY-ST-ZIP	VALRICO FL			1.4 CITY-ST-ZIP	Valrico, FL 33594		
TITLE	PD	DELETE		2.1 TITLE	S/D	Secretary	(S/D) Change Addition
NAME	MOWERY, STEVEN D.			2.2 NAME	Pam Ravins		
STREET ADDRESS	2710 BRIARPATCH DR			2.3 STREET ADDRESS	2502 Arborwood		
CITY-ST-ZIP	VALRICO FL			2.4 CITY-ST-ZIP	VALRICO, FL 33594		
TITLE	TD	DELETE		3.1 TITLE	D	Member-At-Large	(D) Change Addition
NAME	MARCRI, ANNE			3.2 NAME	Frank Mignone		
STREET ADDRESS	2711 BRIANHOLLY DRIVE			3.3 STREET ADDRESS	2911 Starmount		
CITY-ST-ZIP	VALRICO FL			3.4 CITY-ST-ZIP	VALRICO, FL 33594		
TITLE	VD	DELETE		4.1 TITLE	V/D	Vice President	(V/D) Change Addition
NAME	PIENTKA, ANTHONY L			4.2 NAME	Tracy Hudash		
STREET ADDRESS	3018 STARMOUNT DR			4.3 STREET ADDRESS	2918 Cloverfield Lane		
CITY-ST-ZIP	VALRICO FL			4.4 CITY-ST-ZIP	Valrico, FL 33594		
TITLE	D	DELETE		5.1 TITLE	D	Member-At-Large	(D) Change Addition
NAME	RICHTER, KEN			5.2 NAME	Lonnie Bergeron		
STREET ADDRESS	2519 BUCKNELL DRIVE			5.3 STREET ADDRESS	2914 Folklore Drive		
CITY-ST-ZIP	VALRICO FL			5.4 CITY-ST-ZIP	VALRICO, FL 33594		
TITLE	<del>President</del>	DELETE		6.1 TITLE	D/P	President	(D/P) Change Addition
NAME	GUTHRIE, NICKY			6.2 NAME	Nicola Guthrie		
STREET ADDRESS	2715 BRIARPATCH DR			6.3 STREET ADDRESS	2715 Briarpatch		
CITY-ST-ZIP	VALRICO FL			6.4 CITY-ST-ZIP	VALRICO, FL 33594		

14. I do hereby certify that the information supplied with this filing 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 \_\_\_\_\_ Nicola Guthrie 8/1/97 8136510079

CR2E037 (9/96)