

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
P.O. BOX 308
VALRICO FL 33595
US

Mailing Address
P.O. BOX 308
VALRICO FL 33594
33595

3. Date Incorporated or Qualified 02/13/1991	
4. FEI Number 59-3053617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	RAVINS, JAY
STREET ADDRESS	2502 ARBORWOOD
CITY-ST-ZIP	VALRICO FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	RAVINS, PAM
STREET ADDRESS	2502 ARBORWOOD
CITY-ST-ZIP	VALRICO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MIGNONE, FRANK
STREET ADDRESS	2911 STARMOUNT
CITY-ST-ZIP	VALRICO FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HUDASH, TRACY
STREET ADDRESS	2918 CLOVERFIELD LANE
CITY-ST-ZIP	VALRICO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BERGERON, LONNIE
STREET ADDRESS	2914 FOLKLORE DRIVE
CITY-ST-ZIP	VALRICO FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	GUTHRIE, NICOLA
STREET ADDRESS	2715 BRIARPATCH DR
CITY-ST-ZIP	VALRICO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bella Mignone
5.3 STREET ADDRESS	2911 Starmount
5.4 CITY-ST-ZIP	Valrico, FL 33594
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 Dronoff-Guthrie* Jan. 20, 1998 813 651 0079

CR2E037 (10/97)