


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90005 018 ****61.25

DOCUMENT # N42068

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



Principal Place of Business
**P.O. BOX 1586
 VALRICO, FL 33595 US**

Mailing Address
**P.O. BOX 1586
 VALRICO, FL 33595 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3053617

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAMES, JUDY
 325 SOUTH BOULEVARD
 TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SINGFIELD, MARIA	
STREET ADDRESS	2612 FREELAND DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DORSEY, KEVIN	
STREET ADDRESS	2721 BRIAN HOLLY DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRINKMAN, ROBERT A	
STREET ADDRESS	2501 BUCKNELL DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRUNDY, JENNIFER	
STREET ADDRESS	2917 STARMOUNT DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, GAYLE	
STREET ADDRESS	2409 BUCKNELL DR	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAILING, KEN	
STREET ADDRESS	2436 ARBORWOOD DR	
CITY-ST-ZIP	VALRICO, FL 33594	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert A. Brinkman* **ROBERT A. BRINKMAN** 4-2-06 863-578-1304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER