2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2008
Secretary of State

DOCUMENT# N42068

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

Current Principal Place of Business:

2501 BUCKNELL DR.
VALRICO, FL 33594 US

New Principal Place of Business:

2501 BUCKNELL DR.
VALRICO, FL 33596 US

Current Mailing Address:

P.O. BOX 1586
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 59-3053617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES, JUDY
325 SOUTH BOULEVARD
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: SINGFIELD, MARIA
Address: 2612 FREELAND DR
City-St-Zip: VALRICO, FL 33594

Title: PD ( ) Delete
Name: DORSEY, KEVIN
Address: 2721 BRIAN HOLLY DR
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete
Name: BRINKMAN, ROBERT A
Address: 2501 BUCKNELL DR
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete
Name: TRUNDY, JENNIFER
Address: 2917 STARMOUNT DR
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: BALDWIN, GAYLE
Address: 2409 BUCKNELL DR
City-St-Zip: VALRICO, FL 33594

Title: D ( ) Delete
Name: NAILING, KEN
Address: 2436 ARBORWOOD DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT A. BRINKMAN TREA 01/19/2008

Electronic Signature of Signing Officer or Director — Date