

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 30 1998 8:00am  
Secretary of State

DOCUMENT # N94000002985 (9)

1. Corporation Name

BUCKINGHAM AIR PARK EAST HOMEOWNERS ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

28 CREEK BLUFF RUN  
FLOLER BEACH FL 32136  
US

28 CREEK BLUFF RUN  
FLOLER BEACH FL 32136  
US

3. Date Incorporated or Qualified

06/16/1994

4. FEI Number

65-0560228

Applied For

Not Applicable

2. Principal Place of Business

21 14359 S.W. 127 Street

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33186

Country

25 US

2a. Mailing Address

26 14359 S.W. 127 Street

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33186

Country

30 US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SKINNER, B W  
% AIR SAL LEASING, INC.  
14359 S.W. 127TH ST.  
MIAMI FL 33186

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

TITLE OD  
NAME NESMITH, GEORGE  
STREET ADDRESS 28 CREEK BLUFF RUN  
CITY-ST-ZIP FLOLER BEACH FL  
☒ DELETE

TITLE VPD  
NAME JONES, MALCOLM G.  
STREET ADDRESS 2332 BOURGOGNE DRIVE  
CITY-ST-ZIP TALLAHASSEE FL  
☒ DELETE

TITLE STD  
NAME GREENE, JOHN H.  
STREET ADDRESS 81 BREEZE HILL LANE  
CITY-ST-ZIP PALM COAST FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director  
1.2 NAME B.W. Skinner  
1.3 STREET ADDRESS 14359 S.W. 127 ST.  
1.4 CITY-ST-ZIP Miami, FL 33186  
☒ Change ☐ Addition

2.1 TITLE Vice President/Director  
2.2 NAME Lawrence W. Skinner  
2.3 STREET ADDRESS 14359 S.W. 127 ST.  
2.4 CITY-ST-ZIP Miami, FL 33186  
☒ Change ☐ Addition

3.1 TITLE Secretary/Treasurer/Director  
3.2 NAME Theresa P. Skinner  
3.3 STREET ADDRESS 14359 S.W. 127 ST.  
3.4 CITY-ST-ZIP Miami, FL 33186  
☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B.W. Skinner 07/23/98 (305)251-1982

CR2E037 (5/98)