

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

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1. Entity Name
**BUCKINGHAM AIR PARK EAST HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**14005 S.W. 127TH STREET
MIAMI, FL 33186 US**

Mailing Address
**14005 S.W. 127TH STREET
MIAMI, FL 33186 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0560228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKINNER, B W
14005 S.W. 127TH STREET
MIAMI, FL 33186**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**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 PD ☐ Delete
NAME SKINNER, B W
STREET ADDRESS 14005 S.W. 127TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Add
NAME 000000482323
STREET ADDRESS 04/11/06-80071-004 61.25
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SKINNER, LAWRENCE W
STREET ADDRESS 14005 S.W. 127TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SKINNER, THERESA
STREET ADDRESS 14005 S.W. 127TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if