


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90018 014 \*\*\*\*61.25

<b>DOCUMENT # N95000003614</b> 1. Entity Name <b>BUCKINGHAM CONSERVANCY, INC.</b>					
Principal Place of Business <b>4931 SHADY RIVER LANE FORT MYERS, FL 33905</b>			Mailing Address <b>4931 SHADY RIVER LANE FORT MYERS, FL 33905</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01262004 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>65-0661154</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURDETTE, BILL 1920 OAKLEY AVENUE FORT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARKE, SARAH T 12341 COYLE RD FT MYERS, FL 33905</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BURDETTE, BETSY L 4931 SHADY RIVER LANE FT MYERS, FL 33905</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BUNDSCHU, CHRIS 6700 DANIELS PKWY FORT MYERS, FL 33912</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURDETTE, BILL 1920 OAKLEY FT MYERS, FL 33901</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLACKBURN, DON 4775 CEDAR HAMMOCK CT FT MYERS, FL 33905</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KAPLINSKI, GEORGE 12341 COYLE RD FT MYERS, FL 33905</b>	<input type="checkbox"/> Delete			
12. 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 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: <i>Betsy L. Burdette</i> <i>2-3-04</i> <i>239-694-4738</i>		



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 26, 2004

BUCKINGHAM CONSERVANCY, INC.  
4931 SHADY RIVER LANE  
FORT MYERS, FL 33905

SUBJECT: BUCKINGHAM CONSERVANCY, INC.  
Ref. Number: N95000003614

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We have received your document for BUCKINGHAM CONSERVANCY, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 804A00004423