

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90044 003 ****61.25

DOCUMENT # N95000003614

1. Entity Name
BUCKINGHAM CONSERVANCY, INC.



Principal Place of Business
**4931 SHADY RIVER LANE
FORT MYERS, FL 33905**

Mailing Address
**4931 SHADY RIVER LANE
FORT MYERS, FL 33905**

40005027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0661154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURDETTE, BILL
1920 OAKLEY AVENUE *4931 Shady River Lane*
FORT MYERS, FL 33901 *33905*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE **D** ☐ Delete
NAME **CLARKE, SARAH T**
STREET ADDRESS **12341 COYLE RD**
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE **DS** ☐ Delete
NAME **BURDETTE, BETSY L**
STREET ADDRESS **4931 SHADY RIVER LANE**
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE **P** ☐ Delete
NAME **BUNDSCHU, CHRIS**
STREET ADDRESS **6700 DANIELS PKWY**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **D** ☐ Delete
NAME **BURDETTE, BILL**
STREET ADDRESS **1920 OAKLEY**
CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE **D** ☐ Delete
NAME **BLACKBURN, DON**
STREET ADDRESS **4775 CEDAR HAMMOCK CT**
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE **D** ☐ Delete
NAME **KAPLINSKI, GEORGE**
STREET ADDRESS **12341 COYLE RD**
CITY-ST-ZIP **FT MYERS, FL 33905**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

Date

239-694-4738

Daytime Phone #