

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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**



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0661154

Applied F
Not Applic

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BURDETTE, BILL
4931 SHADY RIVER LANE
FORT MYERS, FL 33905**

**DO NOT WRITE
IN THIS SPACE**

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 *Bill Burdette* **Bill Burdette** 1/12/2006
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKE, SARAH T
STREET ADDRESS	12341 COYLE RD
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	DS
NAME	BURDETTE, BETSY L
STREET ADDRESS	4931 SHADY RIVER LANE
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	P
NAME	BUNDSCHU, CHRIS
STREET ADDRESS	6700 DANIELS PKWY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	BURDETTE, BILL
STREET ADDRESS	1920 OAKLEY
CITY-ST-ZIP	FT MYERS, FL 33901
TITLE	D
NAME	BLACKBURN, DON
STREET ADDRESS	4775 CEDAR HAMMOCK CT
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	D
NAME	KAPLINSKI, GEORGE
STREET ADDRESS	12341 COYLE RD
CITY-ST-ZIP	FT MYERS, FL 33905

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01/30/06-80018-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Burdette* **Bill Burdette** 1/12/2006 179-936-17