

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90040 049 ****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**

40020926



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0661154

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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]

2-16-07

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, 2007**

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	<input checked="" type="checkbox"/> Delete
NAME	CLARKE, SARAH T	
STREET ADDRESS	12341 COYLE RD	
CITY-ST-ZIP	FT MYERS, FL 33905	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BURDETTE, BETSY L	
STREET ADDRESS	4931 SHADY RIVER LANE	
CITY-ST-ZIP	FT MYERS, FL 33905	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUNDSCHU, CHRIS	
STREET ADDRESS	6700 DANIELS PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURDETTE, BILL	
STREET ADDRESS	1920 OAKLEY	
CITY-ST-ZIP	FT MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKBURN, DON	
STREET ADDRESS	4775 CEDAR HAMMOCK CT	
CITY-ST-ZIP	FT MYERS, FL 33905	
TITLE	D	<input type="checkbox"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Strayhorn	
STREET ADDRESS	2125 FIRST Street	
CITY-ST-ZIP	FT MYERS, FLA 33901	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerri Goldsmith	
STREET ADDRESS	6611 Greenbriar Farm Road	
CITY-ST-ZIP	FT MYERS, FLA 33905	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob MURRAY	
STREET ADDRESS	4271 STALEY FARM ROAD	
CITY-ST-ZIP	FT MYERS, FLA 33905	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDETTE, BILL	
STREET ADDRESS	4931 SHADY RIVER LANE	
CITY-ST-ZIP	FORT MYERS, FL 33905-74-54	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK WORKMAN	
STREET ADDRESS	12271 COYLE ROAD	
CITY-ST-ZIP	FT MYERS, FLA 33905	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Rippe	
STREET ADDRESS	13140 Bird Rd	
CITY-ST-ZIP	FT MYERS, FLA 33905	

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] Betsy Burdette 2-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-694-4738