2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N95000003614

Entity Name: BUCKINGHAM CONSERVANCY, INC.

Current Principal Place of Business:

4931 SHADY RIVER LANE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

4931 SHADY RIVER LANE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 65-0661154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STRAYHAM, BRUCE
Address: 2025 FIRST ST.
City-St-Zip: FT MYERS, FL 33905

Title: DS ( ) Delete
Name: BURDETTE, BETSY L
Address: 4931 SHADY RIVER LANE
City-St-Zip: FT MYERS, FL 33905

Title: P ( ) Delete
Name: BUNDSCHU, CHRIS
Address: 6700 DANIELS PKWY
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: BURDETTE, BILL
Address: 4931 SHADY RIVER LANE
City-St-Zip: FT MYERS, FL 33901

Title: D ( ) Delete
Name: BLACKBURN, DON
Address: 4775 CEDAR HAMMOCK CT
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) Delete
Name: KAPLINSKI, GEORGE
Address: 12341 COYLE RD
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BURDETTE VP 04/06/2009
Electronic Signature of Signing Officer or Director — Date