

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002291 (0)

1. Corporation Name

BUCKHORN SEVENTH ADDITION HOMEOWNER'S ASSOCIATION INC.



Principal Place of Business

Mailing Address

15436 NO FLORIDA AVENUE
TAMPA FL 3361315436 NO FLORIDA AVENUE
TAMPA FL 33613-12483. Date Incorporated or Qualified
04/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, JUDITH L
325 SOUTH BOULEVARD
TAMPA FL 33806

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SIERRA, JOHN R JR.
STREET ADDRESS 15436 NO FLORIDA AVENUE
CITY - ST - ZIP TAMPA FL 336131.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D
NAME GRAY, THOMAS
STREET ADDRESS 15436 NO FLORIDA AVENUE
CITY - ST - ZIP TAMPA FL 336132.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D
NAME DIGGS, VICTORIA
STREET ADDRESS 15436 NO FLORIDA AVENUE
CITY - ST - ZIP TAMPA FL 336133.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual reports 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. GRAY 2/4/97

813-962-0440

CR2E037 (9/96)