

SECOND NOTICE: CORPORATION WILL BE DISSOLVED AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REGISTER: \$200.25).

*File Correct FET # wrong
 Please Amend -*

NONPROFIT CORPORATION ANNUAL REPORT 1997

OFFICE OF THE SECRETARY OF STATE
 DIVISION OF CORPORATIONS



FET

*Correct FET 59-3407836
 For more info call
 813-839-2138*

DOCUMENT # N96000005079 (6)
 1. Corporation Name
 BUCKHORN RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 5401 SOUTH DALE MABRY HWY.
 TAMPA FL 33611

CHANGE ONLY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

3. Date Incorporated or Qualified 10/03/1996
 3a. Date of Last Report
 4. FEI Number 59-3407836
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 MOLLOY, DANIEL L
 325 SOUTH BLVD.
 TAMPA FL 33606

10. Name and Address of New Registered Agent
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD LACKEY, JOE F	1.1 TITLE	
NAME	5401 SOUTH DALE MABRY HWY.	1.2 NAME	
STREET ADDRESS	TAMPA FL 33611	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD PONTON, LANCE	2.1 TITLE	
NAME	5401 SOUTH DALE MABRY HWY.	2.2 NAME	
STREET ADDRESS	TAMPA FL 33611	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD ALLISON, ROBERT L	3.1 TITLE	
NAME	5401 SOUTH DALE MABRY HWY.	3.2 NAME	
STREET ADDRESS	TAMPA FL 33611	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

CR2E037 (4/97)