SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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

FILED Jul 25 1997 8:00am Secretary of State



Principal Place of Business			Malling Address					IEN DONN ERION PINN DE	IEF ANNIN THE LEGE
5401 SOUTH DALE MABRY HWY. TAMPA FL 33611			5401 SOUTH DALE MABRY HWY. TAMPA FL 33611				DO NOT WRITE IN THIS SPACE		
							 Date incorporated or Qualified 10/03/1996 		st Report
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For
21]							54-3024030		Not Applicable
Suite, Apt. #, etc.							5. Certificate of Status Desired		5 Additionat Required
City & State			City & State				8. Election Campaign Financing	\$5.	00 May Be
		28					Trust Fund Contribution		led to Fees
	Country	Zip		1	untry		•		
- Nama			4 44	30					No
9, Name	and Address of Cur	rent registeret	a Agent	-	81	Name	10. Name and Address of New Ke	gistered Agent	
DANIEL I									
325 SOUTH BLVD.						Street Addre	ess (P.O. Box Number is Not Acceptab	le) :	
L 33606					83				
					84	City		85	Zip Code
to the provis	ions of Sections 617.0	0502 and 617.15	508. Florida Sta	lutes, the a	above	-named corp	oration submits this statement for the p		o its registered
egistered ap m lamiliar w	ent, or both, in the St	ate of Florida. Soligations of, Sec	uch change wa	s authorize	ed by	the corporati	ion's board of directors. I hereby accep	t the appointment	as registered
				1 101100 010		•			
Bignature, typed	or printed name of registered			OTE: Register	ed Ager		ed when reinstating)	DATE	
		agent and tille if appl AND DIRECTOR	RS	OTE: Registere	ed Ager			ERS AND DIRECT	
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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 aprofatoreport 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 of turble 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 an intechning with an address.

SIGNATURE REQUIRED

1/cc (18-51-20)

1/cc (