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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005079

1. Corporation Name

BUCKHORN RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5401 SOUTH DALE MABRY HWY.
TAMPA FL 33611

Mailing Address

5401 SOUTH DALE MABRY HWY.
TAMPA FL 33611

4 8 9 5 2 6
409626 - 90039 - 48



2. Principal Place of Business

21 ~~325 SOUTH BLVD.~~

2a. Mailing Address

26 ~~P.O. Box 2071~~

3. Date Incorporated or Qualified

~~10/03/1996~~

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number
59-3407836

Applied For
Not Applicable

23 City & State
TAMPA, FLA

28 City & State
TAMPA, FLA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip
33606

25 Country
USA

29 Zip
33601-2071

30 Country
USA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 JACK B. HANSON

82 Street Address (P.O. Box Number is Not Acceptable)
THE MELROSE MGMT. GROUP

83 # 325 SOUTH BLVD

84 City TAMPA

FL

85 Zip Code
33606

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 617.0602, Florida Statutes.

SIGNATURE

[Signature] J. B. HANSON

4/1/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD DELETE
NAME LACKEY, JOE F
STREET ADDRESS 5401 SOUTH DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL 33611

TITLE STD DELETE
NAME PONTON, LANCE
STREET ADDRESS 5401 SOUTH DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL 33611

TITLE PD DELETE
NAME ALLISON, ROBERT L
STREET ADDRESS 5401 SOUTH DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL 33611

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

[Signature] ROBERT ALLISON 4/1/99 407-039-0086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)