2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005079

FILED Mar 24, 2004 Secretary of State

Entity Name: BUCKHORN RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
3974 TAMF B	PA ROAD					
OLDSMAR	R, FL 34677					
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 2 [.] OLDSMAR	157 R, FL 34677					
FEI Number:	59-3407836	FEI Number Applied For () FEI	Number Not App	clicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
HANSON, 3974 TAMF B OLDSMAR						
	named entity s of Florida.	submits this statement for the purpos	se of changing	its registered office or registered agent, or both,		
SIGNATUF						
	Electron	ic Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () PETERS, LEN 1842 S. RIDGE VALRICO, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DVP () BOOKER, MAT 4322 BROOKE VALRICO, FL 3	DR.	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition STEINER, ANN 1814 S.RIDGE DR. VALRICO, FL 33594		
Title: Name: Address: City-St-Zip:	STD () CAMERON, THI 1816 S, RIDGE VALRICO, FL 3	DR.	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition CLUKIE, BRIAN 1818 PALM RIDGE PL. VALRICO, FL 33594		
Title: Name: Address: City-St-Zip:	D () ADDAMS, CEC 4314 CROSS R VALRICO, FL 3	IDGE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () EXLEY, RON 4324 BROOKE VALRICO, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BREVIK, JAME: 4310 BROOKE VALRICO, FL 3	DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEN PETERS DP 03/24/2004

DENISE YATES D 4302 BRANDON RIDGE DR VALRICO, FL 33594

BRUCE EPPS D 1822 S RIDGE DRIVE VALRICO, FL 33594

CECIL ADDAMS D 4314 CROSS RIDGE CT. VALRICO, FL 33594