2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005079

FILED Mar 29, 2005 Secretary of State

Entity Name: BUCKHORN RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3974 TAMPA ROAD OLDSMAR, FL 34677 **New Mailing Address: Current Mailing Address:** PO BOX 2157 OLDSMAR, FL 34677 FEI Number: 59-3407836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANSON, JACK B 3974 TAMPA ROAD OLDSMAR, FL 34677 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PETERS, LEN EXLEY, RON Name: Name: 1842 S. RIDGE DR. 4324 BROOKE DR. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 Title: Title: () Delete () Change () Addition STEINER, ANN Name: Name: Address: 1814 S.RIDGE DR. Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition CLUKIE, BRIAN Name: Name: Address: 1818 PALM RIDGE PL Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: DS (X) Change () Addition Name: ADDAMS, CECIL Name: WALKER, KAREN Address: 4314 CROSS RIDGE DR. Address: 4320 CROSS RIDGE CT. City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 Title: () Delete Title: (X) Change () Addition EXLEY, RON BREVIK, JAMES Name: Name: 4324 BROOKE DR. 4310 BROOKE DR. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 Title: () Delete Title: (X) Change () Addition ADDAMS, CECIL BREVIK, JAMES Name: Name: Address: 4310 BROOKE DR. Address: 4314 CROSS RIDGE CT. VALRICO, FL 33594 VALRICO, FL 33594 City-St-Zip: City-St-Zip:

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: JACK B. HANSON AGEN 03/29/2005