


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90476 047 ****61.25

DOCUMENT # N96000005079

1. Entity Name
BUCKHORN RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

3974 TAMPA ROAD **PO BOX 2157**
B **OLDSMAR FL 34677**
OLDSMAR FL 34677

11003254



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3407836** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HANSON, JACK B
3974 TAMPA ROAD
B
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERS, LEN	
STREET ADDRESS	1842 S. RIDGE DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOHER, MATT	
STREET ADDRESS	4322 BROOKE DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CAMERON, THERESA	
STREET ADDRESS	1816 S, RIDGE DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADDAMS, CECIL	
STREET ADDRESS	4314 CROSS RIDGE DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KEEFE, DON	
STREET ADDRESS	4304 BRANDON RIDGE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNETT, JANICE	
STREET ADDRESS	1808 PALM RIDGE PLACE	
CITY-ST-ZIP	VALRICO FL 33594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matt Booher	
STREET ADDRESS	4322 Brooke Dr.	
CITY-ST-ZIP	Valrico, Fl 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Exley	
STREET ADDRESS	4324 Brooke Dr.	
CITY-ST-ZIP	Valrico, Fl 33594	
TITLE	D	Change <input checked="" type="checkbox"/> Addition
NAME	James Brevik	
STREET ADDRESS	4310 Brooke Dr.	
CITY-ST-ZIP	Valrico, Fl 33594	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01, Florida Statutes, and that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **407-228-4187**

CR2E037 (10/02)