

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NON-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005310 (5)

1. Corporation Name
BUCK LAKE ALLIANCE, INC.



Principal Place of Business 6089 REDFIELD CIRCLE TALLAHASSEE FL 32311	Mailing Address 6089 REDFIELD CIRCLE TALLAHASSEE FL 32311
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3. Date Incorporated or Qualified
10/16/1996

4. FEI Number
59-3411946

Applied For
 Not Applicable

2. Principal Place of Business
21 **P.O. Box 15996**

Suite, Apt. #, etc.
22

City & State
23 **Tallahassee, FL**

Zip
24 **32317**

Country
25 **Leon**

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No **NA**

9. Name and Address of Current Registered Agent

*** TOMASELLO, TOM
WATKINS, TOMASELLO & CALEEN, P.A.
1315 E LAFAYETTE ST SUITE B
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILL, ROBIN		1.2 NAME Will Robin	
STREET ADDRESS 7606 SKIPPER LN		1.3 STREET ADDRESS 7606 Skipper Ln	
CITY-ST-ZIP TALLAHASSEE FL		1.4 CITY-ST-ZIP Tallahassee, FL 32311	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STARCE, SHANNON		2.2 NAME PEAVY, Myrtice E	
STREET ADDRESS 8673 BUCK LAKE RD.		2.3 STREET ADDRESS 751 Rurledge Rd	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP Tallahassee, FL 32311	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORSMEIER, PHIL		3.2 NAME Eva Jovic, Stella	
STREET ADDRESS 6891 HANGING VINE WAY		3.3 STREET ADDRESS Rt 1 Box 858-E	
CITY-ST-ZIP TALLAHASSEE FL		3.4 CITY-ST-ZIP Tallahassee, FL 32308	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WATKINS, KATHY		4.2 NAME Kostwako, Mike	
STREET ADDRESS 7657 JANYA CT		4.3 STREET ADDRESS 6089 Redfield Circle	
CITY-ST-ZIP TALLAHASSEE FL		4.4 CITY-ST-ZIP Tallahassee, FL 32311	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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.

SIGNATURE: *[Signature]* **1-16-97** (850) 877-8199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000350

CR2E037 (10/97)