2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90204 028 ****61.25

DOCUMENT # N97000001234

1. Entity Name
THE VILLAGES AT BUCKINGHAM, INC.

Principal Place of Business	Mailing Address
15664 SPRINGLINE LANE FT. MYERS, FL 33905	15664 SPRINGLINE LANE FT. MYERS, FL 33905

24071172

04102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0741123
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONALDSON, DAVID
15664 SPRINGLINE LANE
FT. MYERS, FL 33905

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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 David Donaldson President 4/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONALDSON, DAVID
STREET ADDRESS	15664 SPRINGLINE LN
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	VP
NAME	DEYORRA, WILLIAM
STREET ADDRESS	15717 SPRINGLINE LN
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	TD
NAME	GIRTMAN ~~GRANT~~ GRANT
STREET ADDRESS	15574 HORSESHOE LN
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	SD
NAME	WILKINSON, JAMES
STREET ADDRESS	15545 HORSESHOE LN
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	D
NAME	KELLY, RICHARD J
STREET ADDRESS	15693 SPRING LINE LN
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: David Donaldson 4/14/04 239-479-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #