

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001234	
1. Entity Name THE VILLAGES AT BUCKINGHAM, INC.	

Principal Place of Business 15664 SPRINGLINE LANE FT. MYERS, FL 33905	Mailing Address 15664 SPRINGLINE LANE FT. MYERS, FL 33905
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2. Principal Place of Business Tropical Isles Mngt Suite, Apt. #, etc. 12734 Kenwood Ln., #49 City & State Ft. Myers, FL Zip 33907	3. Mailing Address Tropical Isles Mngt Suite, Apt. #, etc. 12734 Kenwood Ln., #49 City & State Ft. Myers, FL Zip 33907
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FILED
05 SEP 16 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066935

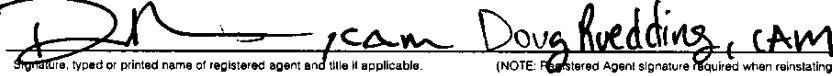
09132005 Chg-NP CR2E037 (10/03)

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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7. Name and Address of New Registered Agent Name Douglas Roedding Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln St. 49 City Ft. Myers FL Zip Code 33907	
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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.

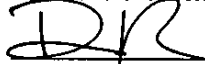
SIGNATURE  cam Doug Roedding, cam 9/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONALDSON, DAVID 15664 SPRINGLINE LN FORT MYERS, FL 33905 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEYORRA, WILLIAM 15717 SPRINGLINE LN FORT MYERS, FL 33905 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIRTMAN, GRANT 15574 HORSESHOE LN FORT MYERS, FL 33905 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILKINSON, JAMES 15545 HORSESHOE LN FORT MYERS, FL 33905 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, RICHARD J 15693 SPRING LINE LN FORT MYERS, FL 33905 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Kim Walters 15540 Horse Shoe Lane Ft. Myers, FL 33905 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Jerry Lawson 15527 Spring Line Lane Ft. Myers, FL 33905 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Rosalina Cortes 15628 Sunny Crest Ln. Ft. Myers, FL 33906 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Douglas Roedding 12734 Kenwood Ln., #49 Ft. Myers, FL 33907 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300059783143 09/20/05--01046--022 **\$61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  cam Doug Roedding, cam 9/13/05 239 939-2999, 210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #