2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001234

1. Entity Name
THE VILLAGES AT BUCKINGHAM, INC.

FILED
05 SEP 16 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500669935

09132005 Chg-NP CR2E037 (10/03)

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

2. Principal Place of Business	3. Mailing Address
%Tropical Isles Mngt	c/o Tropical Isles Mngt
Suite, Apt. #, etc.: 12734 Kenwood Ln., #49	Suite, Apt. #, etc.: 12734 Kenwood Ln., #49
City & State: Ft. Myers, FL	City & State: Ft. Myers, FL
Zip: 33907 Country:	Zip: 33907 Country:

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	7. Name and Address of New Registered Agent
DONALDSON, DAVID 15664 SPRINGLINE LANE FT. MYERS, FL 33905	Name: Douglas Roedding Street Address (P.O. Box Number is Not Acceptable): 12734 Kenwood Ln St. 49 City: Ft. Myers FL Zip Code: 33907

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: DR, 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DONALDSON, DAVID 15664 SPRINGLINE LN FORT MYERS, FL 33905	☑ Delete	P/D Kim Walters 15540 Horse Shoe Lane Ft. Myers, FL 33905	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEYORRA, WILLIAM 15717 SPRINGLINE LN FORT MYERS, FL 33905	☑ Delete	V/P Jerry Lawson 15527 Spring Line Lane Ft. Myers, FL 33905	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GIRTMAN, GRANT 15574 HORSESHOE LN FORT MYERS, FL 33905	☑ Delete	S/T/D Rosalina Cortes 15628 Sunny Crest Ln. Ft. Myers, FL 33906	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILKINSON, JAMES 15545 HORSESHOE LN FORT MYERS, FL 33905	☑ Delete	AsM Douglas Roedding 12734 Kenwood Ln., #49 Ft. Myers, FL 33907	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, RICHARD J 15693 SPRING LINE LN FORT MYERS, FL 33905	☑ Delete	300059783143 09/20/05--01046--022 **61.25	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: DR, 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 #