


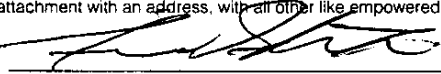


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N97000001234 1. Entity Name THE VILLAGES AT BUCKINGHAM, INC.						FILED 06 OCT 17 AM 11:05 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
*Principal Place of Business C/O SPIRES & ASSOCIATES 12734 KENWOOD LANE SUITE 49 FT. MYERS, FL 33907 US				Mailing Address % SPIRES & ASSOCIATES 12734 KENWOOD LANE SUITE 49 FT. MYERS, FL 33907 US			
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 65-0741123				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPIRES, JAMES W JR. 12734 KENWOOD LANE SUITE 49 FT. MYERS, FL 33907				Name Innovative Maint & Mgmt Street Address (P.O. Box Number is Not Applicable) c/o Linda Baxter 42-5 Barkley Circ. 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 				DATE 9-6-06			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 WALTERS, KIM 15540 HORSESHOE LANE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paula Marischen 15542 Horseshoe Ln Ft. Myers, FL 33905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWSON, JERRY 15527 SPRINGLINE LN FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tonya Mahterian 15544 Horseshoe Ln Ft. Myers, FL 33905		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORTES, ROSALINA 15628 SUNNY CREST LANE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Linda Baxter 42-5 Barkley Circ. Ft. Myers, FL 33907		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM SPIRES, JAN 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600081205076 10/25/06-01059-011 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/10/23		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

9-6-06 (239) 693-2663

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