2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N97000001234

Entity Name: THE VILLAGES AT BUCKINGHAM, INC.

Current Principal Place of Business:

BCH MANAGEMENT GROUP, INC.
1840 BOY SCOUT DRIVE, SUITE B
FT. MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0741123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, DIANA L
1840 BOY SCOUT DRIVE
SUITE B
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BESAW, DONALD
Address: 15554 HORSESHOE LANE
City-St-Zip: FT MYERS, FL 33905

Title: DVP ( ) Delete
Name: JENSEN, THOMAS
Address: 15694 SPRING LINE LANE
City-St-Zip: FT MYERS, FL 33905

Title: DT ( ) Delete
Name: MAE, SUSAN
Address: 15608 SUNNEY CREST LANE
City-St-Zip: FT MYERS, FL 33905

Title: DS ( ) Delete
Name: LAWSON, JERRALD
Address: 15527 SPRING LINE LANE
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Delete
Name: MARISCHEN, PAULA
Address: 15542 HORSESHOE LANE
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MARISCHEN, PAULA
Address: 15542 HORSESHOE LANE
City-St-Zip: FT MYERS, FL 33905

Title: DP (X) Change ( ) Addition
Name: JENSEN, THOMAS
Address: 15694 SPRING LINE LANE
City-St-Zip: FT MYERS, FL 33905

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: LAWSON, JERALD
Address: 15527 SPRING LINE LANE
City-St-Zip: FORT MYERS, FL 33905

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA MOORE AGT 01/16/2009

Electronic Signature of Signing Officer or Director — Date