## .2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000001234

1. Entity Name

THE VILLAGES AT BUCKINGHAM, INC.

|--|

**FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 90334 011 \*\*\*\*61.25

| *****  | TO THE POST OF THE WAY TO   |  |                 |                             |                     |  |                       |                  |                         |                     |  |
|--|---|--|-----------------|-----------------------------|---------------------|--|-----------------------|------------------|-------------------------|---------------------|--|
| Principal Plac<br>15664 SPRING<br>FT. MYERS FL |   | Mailing Address<br>15664 SPRINGLINE LANE<br>FT. MYERS FL 33905 |                 |                             |                     |  |                       |                  |                         |                     |  |
| 2. Principal F                                 |   |  |                 |                             |                     |  |                       |                  |                         |                     |  |
| Suite, Apt.                                    | # etc   | Suite, Apt. #, etc.  | Suite Apt # etc |                             |                     |  |                       |                  |                         |                     |  |
|  |   | Suite, Apt. #, etc.  |                 |                             |                     | CHECK HERE IF MAKING CHANGES                         |                       |                  |                         |                     |  |
| City & Stat                                    | e   | City & State   |                 |                             |                     | 4. FEI Number 65-0741123 Applied For Not Applied For |                       |                  |                         |                     |  |
| Zip Country                                    |   | Zip  | untry           |                             | 5. Certificate of S | Status Desired                                       |                       | <b>\$8.75</b> Ad | ditional                |                     |  |
|  | 6. Name and Address of Currer   | nt Registered Agent  | <u> </u>        | T                           | ļ                   | 7. Name and Ad                                       | dress of New          | Registered       | Fee Require             | ÷G                  |  |
|  |   |  | - "-"           | Name                        |                     |  |                       |                  |                         |                     |  |
| 15664 SP                                       | son, david<br>Pringline lane<br>RS FL 33905                           |  |                 | Street Ad                   | dress (F            | P.O. Box Number is                                   | Not Acceptab          | le)              |                         |                     |  |
| FI. WIICE                                      | 10 FL 33903   |  |                 | City                        | <del></del>         |  |                       | FL               | Zip Cod                 | e                   |  |
| SIGNATURE .                                    | Signature, typed or printed name of registered age                    | nt and title if applicable. (NOT                               | E: Registered   | d Agent signatur            | e required v        | when reinstating)                                    |                       | 4/7              | er/c                    | 3_                  |  |
|  | FILE NOW: FEE IS \$61.25  | 9. Election Car<br>Trust Fund C                                |                 | -                           |                     | <b>\$5.00</b> May Be<br>Added to Fees                |                       |                  | k Payable<br>tment of S |                     |  |
| 10.  | OFFICERS AND D  | IRECTORS   | 11.             |                             | A                   | DDITIONS/CHANG                                       | ES TO OFFIC           | ERS AND D        | RECTORS IN              |                     |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip | PD<br>FREEMAN, ROY<br>15621 SPRINGLINE LANE<br>FT MYERS FL 33905      | TEX pelete   |                 | E<br>Et address<br>- St-zip |                     | d Doval  | 770/                  | 2 S              | ☐ Change                | <b>Æ</b> Addition ∫ |  |
| TITLE<br>Name<br>Street address<br>City-St-Zip | VD<br>DONALDSON, DAVID<br>15664 SPRINGLINE LANE<br>FT MYERS FL 33905  | Delete -   |                 | E<br>ET ADDRESS<br>ST-ZIP   | W/L<br>13           | LIAM DI<br>717 SPR<br>MYERS                          | eyorg<br>ing En<br>FL | NE LA            | Change                  | Addition -          |  |
| STREET ADDRESS                                 | TD<br>FRECHETTE, HENRY<br>15618 SUNNY CREST LANE<br>FT MYERS FL 33905 | Delete   |                 | ET ADDRESS                  | TD<br>Grav          | t Girtma<br>14 Horsech<br>14ers, FL 3                | a land                | 2                | □ Change                | Addition            |  |
| ITLE<br>NAME<br>Street address<br>City-St-Zip  | SD<br>RODIO, ANTHONY<br>15615 SPRINGLINE LANE<br>FT. MYERS FL 33905   | Delete   |                 |                             | Lim-                | CETTION.   | inson                 | SD               | ☐ Change                | Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GISTMAN, GRANT<br>15574 HORSESHOE LANE<br>FT. MYERS FL 33905     | Delete   |                 |                             | 156                 | HARD J.<br>693 SPRIN<br>MYERS,                       | & LINE                | LAN              | □ Change                | Addition            |  |
| TILE NAME STREET ADDRESS CITY-ST-ZIP           | ertify that the information supplied wi                               | Delete   | CITY-           | ET ADDRESS<br>ST-ZIP        |                     | •  |                       |                  | ☐ Change                | Addition            |  |

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 an address, with an address, with an address, with an address.

SIGNATURE:

739-479-1A91