

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003365

1. Entity Name
BUCK BAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**114 N.E. 1ST STREET
P.O. BOX 308
TRENTON, FL 32693**

Mailing Address
**114 N.E. 1ST STREET
P.O. BOX 308
TRENTON, FL 32693**



01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-6981775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURT, THEODORE M
114 N.E. 1ST STREET
TRENTON, FL 32693**

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IN THIS SPACE**

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 _____

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEEKS, DAVID JR. 14650 NW 10TH AVE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, LOYANN P.O. BOX 326, 6950 N.W. 87TH PLACE CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, JACK PO BOX 326, 6950 NW 87TH PL CHIEFLAND, FL 32644
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01/23/07-80078-015 61.25

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IN THIS SPACE**

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: *David MEEKS JR.* **DAVID MEEKS JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 **352-463-7406**
Date Daytime Phone #