

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02791

**FILED  
Feb 12, 2014  
Secretary of State  
CC9066286156**

**Entity Name:** BUCKHORN CREEK WOODS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

429 BUCKHORN CREEK ROAD  
SOPCHOPPY, FL 32358

**Current Mailing Address:**

BOX 536  
SOPCHOPPY, FL 32358

**FEI Number: 59-3098845**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LANGSTON, PATRICK  
US 319 SOUTH  
CRAWFORDVILLE, FL 32327 US

*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

**Officer/Director Detail :**

Title T  
Name WALSH, MARY  
Address 429 BUCKHORN CREEK RD  
City-State-Zip: SOPCHOPPY FL 32358

Title PD  
Name KRESBACH, MICHAEL L  
Address 304 N. MERIDIAN STREET SUITE 3  
City-State-Zip: TALLAHASSEE FL 32301

Title S  
Name HALL, JERRY  
Address 52 7TH STREET  
City-State-Zip: APALACHICOLA FL 32320

*I hereby 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 all other like empowered.*

**SIGNATURE: MARY WALSH**

**TREASURER**

**02/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date