

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02791

**FILED**  
**Mar 10, 2017**  
**Secretary of State**  
**CC3870491066**

**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           TREASURER  
Name           NELLUMS, JENNIFER  
Address        BOX 536  
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           SECRETARY  
Name           LONG, MARY  
Address        BOX 536  
City-State-Zip: SOPCHOPPY FL 32358

*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: JENNIFER NELLUMS

SECRETARY

03/10/2017

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

\_\_\_\_\_ Date