

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42068

Entity Name: BUCKHORN ESTATES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2127 BRIANHOLLY DR.
VALRICO, FL 33596**Current Mailing Address:**P.O. BOX 1586
VALRICO, FL 33595 US**FEI Number: 59-3053617****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DORSEY, KEVIN
2127 BRIANHOLLY DR.
VALRICO, FL 33596 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	PD
Name	DORSEY, KEVIN
Address	2721 BRIAN HOLLY DR
City-State-Zip:	VALRICO FL 33596

Title	TD
Name	ST. JOHN, PAUL
Address	2628 BERRYFIELD PLACE
City-State-Zip:	VALRICO FL 33596

Title	VP
Name	NAILLING, KEN
Address	2436 ARBORWOOD DR
City-State-Zip:	VALRICO FL 33596

Title	MEMBER AT LARGE
Name	DANIELS, BROOKS
Address	2628 GREEN VALLEY STREET
City-State-Zip:	VALRICO FL 33596

Title	MEMBER AT LARGE
Name	DANIELS, COLLEEN
Address	2628 GREEN VALLEY STREET
City-State-Zip:	VALRICO FL 33596

Title	MEMBER AT LARGE
Name	ST. JOHN, CARRIE
Address	2628 BERRYFIELD PLACE
City-State-Zip:	VALRICO FL 33596

Title	MEMBER AT LARGE
Name	ABENE, SEAN
Address	2437 BUCKNELL DRIVE
City-State-Zip:	VALRICO FL 33596

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: KEVIN DORSEY**PRESIDENT****01/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date