


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02523
 1. Entity Name
BUTLER FARMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 8724 CORAL SPRINGS, FL 33075	Mailing Address P.O. BOX 8724 CORAL SPRINGS, FL 33075
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02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2492119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMERY, MICHAEL R
 ONE FINANCIAL PLAZA
 STE 2020
 FT LAUDERDALE, FL 33394

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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	P YOUSEFFI, DIANE 6273 NE 52 STREET CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENDA, JERRY 5100 NW G4 DR CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, LYLE 5657 N.W. 64TH LANE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABLE, ROBYN 6388 NW 54TH DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNNIER, BARRY 6055 N.W. 48TH CT. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITBOURNE, DAVID P 5326 NW 66TH AVENUE CORAL SPRINGS, FL

U00000249020
 03/02/05-80053-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Whitbourne 2/28/05 7862519727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID WHITBOURNE - TREASURER Date Daytime Phone #