

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90022 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44361

1. Corporation Name
THE BUTLER PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4190 BELFORD RD. STE 100 JACKSONVILLE FL 32216 US	Mailing Address 4190 BELFORD RD. STE 100 JACKSONVILLE FL 32216 US
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2. Principal Place of Business 21 6960 BONNEVAL RD. Suite, Apt. #, etc. 22 202 City & State 23 JACKSONVILLE FL Zip Country 24 32216 USA	2a. Mailing Address 26 6960 BONNEVAL RD Suite, Apt. #, etc. 27 202 City & State 28 JACKSONVILLE FL Zip Country 29 32216 USA	3. Date Incorporated or Qualified 07/19/1991	4. FEI Number 59-3139388 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent OLINTO, DAMON B. 4190 BELFORD ROAD SUITE 100 JACKSONVILLE FL 32216	10. Name and Address of New Registered Agent 81 Name MICHAEL A. KOLCUN 82 Street Address (P.O. Box Number is Not Acceptable) 6960 BONNEVAL ROAD 83 SUITE 202 84 City JACKSONVILLE FL 85 Zip Code 32216
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Michael A. Kolcun (NOTE: Registered Agent signature required when reinstating) DATE June 8, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEAT, BOB P O BOX 10566 N/A BIRMINGHAM AL 35296 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D/T/S MICHAEL A. KOLCUN 6960 BONNEVAL RD. STE. 202 JACKSONVILLE, FL. 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLINTO, DAMON B. 4190 BELFORD RD., STE 100 JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/D BARRY S. SINOFF 6960 BONNEVAL RD. STE. 202 JACKSONVILLE, FL. 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINOFF, BARRY S. 4190 BELFORD ROADQ JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D CHARLES E. BLUMSTEIN 6960 BONNEVAL RD. STE. 202 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Kolcun SIGNATURE REQUIRED PRESIDENT 6-8-99 904. 296.8800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MICHAEL A. KOLCUN

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