

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N44361	
1. Entity Name THE BUTLER PARK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6960 BONNEVAL RD 202 JACKSONVILLE, FL 32216 US	Mailing Address 6960 BONNEVAL RD 202 JACKSONVILLE, FL 32216 US
--	--



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3139388	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KOLCUN, MICHAEL A
6960 BONNEVAL RD
STE 202
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDST	KOLCUN, MICHAEL A
NAME	
STREET ADDRESS 6960 BONNEVAL RD, STE 202	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE VPD	SINOFF, BARRY S
NAME	
STREET ADDRESS 6960 BONNEVAL RD STE 202	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE D	BLUMSTEIN, CHARLES E
NAME	
STREET ADDRESS 6960 BONNEVAL RD STE 202	
CITY-ST-ZIP JACKSONVILLE, FL 32216	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000001168
01/09/04-80031-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Michael A. Kolcun, President **1/7/04** **(904) 296-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #