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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
~~Katherine Harris~~
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44361

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

Principal Place of Business	Mailing Address
4190 BELFORD RD. STE 100 JACKSONVILLE FL 32216 US	4190 BELFORD RD. STE 100 JACKSONVILLE FL 32216 US

2. Principal Place of Business 21 6960 BONNEVAL RD	2a. Mailing Address 26 6960 BONNEVAL RD	3. Date Incorporated or Qualified 07/19/1991
Suite, Apt. #, etc. 22 202	Suite, Apt. #, etc. 27 202	4. FEI Number 59-3139388 ☐ Applied For ☐ Not Applicable
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32216 25 USA	Zip / Country 29 32216 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLINTO, DAMON B. 4190 BELFORT ROAD SUITE 100 JACKSONVILLE FL 32216	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

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 June 8, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/D/S	☒ Change ☐ Addition
NAME	WHEAT, BOB		1.2 NAME	MICHAEL A. KOLCUN	
STREET ADDRESS	P O BOX 10568 N/A		1.3 STREET ADDRESS	6960 BONNEVAL RD. STE. 202	
CITY-ST-ZIP	BIRMINGHAM AL 35296		1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32216	
TITLE	TD	☒ DELETE	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	OLINTO, DAMON B.		2.2 NAME	BARRY S. SINOFF	
STREET ADDRESS	4190 BELFORD RD., STE 100		2.3 STREET ADDRESS	6960 BONNEVAL RD. STE. 202	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32216	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SINOFF, BARRY S.		3.2 NAME	CHARLES E. BLUMSTEIN	
STREET ADDRESS	4190 BELFORT ROADQ		3.3 STREET ADDRESS	6960 BONNEVAL RD. STE. 202	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

CR2E037 (11/98)