

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 17, 2005 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**



01272005 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

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

(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	PDST KOLCUN, MICHAEL A 6960 BONNEVAL RD, STE 202 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SINOFF, BARRY S 6960 BONNEVAL RD STE 202 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMSTEIN, CHARLES E 6960 BONNEVAL RD STE 202 JACKSONVILLE, FL 32216
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02/17/05-80025-011 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*  
**MICHAEL A. KOLCUN, PRESIDENT**

Date

Daytime Phone #

**2/15/05 904 298840**