

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 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



02162006 No Chg-NP

CR2E037 (11/05)

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

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

000000452953
18/03/06-R0020-017 61.25

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael A. Kolcun **Michael A. Kolcun** 20 Feb 06 904 296-8800