


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90047 036 ****61.25

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

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

40019815



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| 2. Principal Place of Business - No P.O. Box # <i>6960 Bonnaval Rd.</i> | 3. Mailing Address <i>6960 Bonnaval Rd.</i> |
| Suite, Apt. #, etc. <i>102</i> | Suite, Apt. #, etc. <i>102</i> |
| City & State <i>Jacksonville, FL</i> | City & State <i>Jacksonville, FL</i> |
| Zip <i>32216</i> | Country <i>USA</i> |

02132007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-3139388 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| | Name <i>Brian D. Flynn</i> |
| | Street Address (P.O. Box Number is Not Acceptable) <i>6960 Bonnaval Rd. Ste. 102</i> |
| | City <i>Jacksonville, FL</i> Zip Code <i>32216</i> |

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 *Brian D. Flynn* *2/13/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SINOFF, BARRY S 6960 BONNEVAL RD STE 202 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLUMSTEIN, CHARLES E 6960 BONNEVAL RD STE 202 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>P/S/T</i> <i>Brian D. Flynn</i> <i>6960 Bonnaval Rd. Ste 102</i> <i>Jacksonville, FL 32216</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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: *Brian D. Flynn* *2/13/07* *904-281-8800*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #