2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N02000004944

Entity Name: BUTLER BAY UNITS TWO AND THREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SENTRY MANAGEMENT, INC.
2180 W S.R. 434. STE 5000
LONGWOOD, FL 34779

New Principal Place of Business:

Current Mailing Address:

C/O SENTRY MANAGEMENT, INC.
2180 W S.R. 434. STE 5000
LONGWOOD, FL 34779

New Mailing Address:

FEI Number: 03-0456534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT, INC.
2180 W S.R. 434. STE 5000
LONGWOOD, FL 34779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVIN, TIM
Address: 1748 LAKE ROBERTS CT
City-St-Zip: WINDERMERE, FL 34786

Title: STD ( ) Delete
Name: BERRYMAN, MARY
Address: 12137 CRESCENT COVE CT
City-St-Zip: WINDERMERE, FL 34786

Title: VPD ( ) Delete
Name: SCHNEIDER, KEN
Address: 12626 BUTLER BAY CT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: POUNDS, GREG
Address: 2309 BUTLER BAY DR N
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM LEVIN PD 04/09/2007

Electronic Signature of Signing Officer or Director — Date