## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744517

Entity Name: BUTLER MEDICAL CENTER CONDOMINIUM ASSOCIATION,

INC.

## **Current Principal Place of Business:**

200 BUTLER STREET

307

WEST PALM BEACH, FL 33407

## **Current Mailing Address:**

200 BUTLER STREET

307

WEST PALM BEACH, FL 33407

FEI Number: 59-1873217 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BLUMBERG, JOEL B 200 BUTLER STREET, 307

WEST PALM BEACH, FL 33407 US

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRES** Title **SECT** 

BLUMBERG, JOEL B BLAKE, ROY CIII Name Name

200 BUTLER STREET, SUITE 307 200 BUTLER STREET, SUITE 203 Address Address WEST PALM BEACH FL 33407 City-State-Zip: WEST PALM BEACH FL 33407 City-State-Zip:

Title **TRFA** 

Name CORDES, IAN

Address 200 BUTLER STREET, SUITE 305 City-State-Zip: WEST PALM BEACH FL 33407

I hereby 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 all other like empowered.

SIGNATURE: JOEL BLUMBERG

**PRESIDENT** 

04/19/2013

**FILED** Apr 19, 2013

**Secretary of State** 

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