


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 726762 1. Entity Name BUTLER CHAIN CONSERVATION ASSOCIATION, INC.	
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Principal Place of Business 4226 DOWN EAST LN WINDEMERE, FL 34786	Mailing Address PO BOX 405 WINDEMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



06192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7088397	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PAGE, FRANK L CPA
6068 S APOKA VINELAND RD
SUITE 5
ORLANDO, FL 32819**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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	PD COGSWELL, LUCY 10553 DOWN LAKEVIEW CIR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KELLY, PATRICK 11063 CLIPPER CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CONNOLLY, ANN 4226 DOWN EAST LN WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Ann L. Connolly 6/19/2007 407-876-4286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #