

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753693** (1)
1. Corporation Name
BUTLER FOREST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**3813-7 N MONROE #35
TALLAHASSEE FL 32303-4930**

Mailing Address
**3813-7 N MONROE #35
TALLAHASSEE FL 32303-4930**

3. Date Incorporated or Qualified
08/08/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **2000 SHANGRI-LA LN**
Suite, Apt. #, etc.
22
City & State
23 **Tallahassee, Florida**
Zip Country
24 **32303** 25 **USA**

2a. Mailing Address
26 **2000 Shangri-la Ln**
Suite, Apt. #, etc.
27
City & State
28 **Tallahassee, Florida**
Zip Country
29 **32303** 30 **USA**

4. FEI Number
59-2473345

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ROOT, MICHAEL
2101 SHANGRILA LN.
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name **Michael Hogan**
82 Street Address (P.O. Box Number is Not Acceptable)
2111 Shangri-la Ln
83
84 City **Tall** FL 85 Zip Code **32303**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Michael A. Hogan, Secretary, Michael Hogan** 8/13/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	TILBURY, KEN	
STREET ADDRESS	2114 SHANGRI-LA LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☒ DELETE
NAME	SMITH, RUTH	
STREET ADDRESS	2104 SHANGRI-LA LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	I	☒ DELETE
NAME	ROOT, MICHAEL	
STREET ADDRESS	2101 SHANGRI-LA LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	☒ DELETE
NAME	STAMM, ELFIE	
STREET ADDRESS	2071 SHANGRI-LA LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	WILLARD, PAT	
STREET ADDRESS	2194 SHANGRI-LA LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☐ Change ☒ Addition
12 NAME	Fred Mills	
13 STREET ADDRESS	2134 Shangri-la Ln	
14 CITY-ST-ZIP	Tall, FL 32303	
21 TITLE	Linda Mills	☐ Change ☒ Addition
22 NAME	Linda Mills	
23 STREET ADDRESS	2134 Shangri-la Ln	
24 CITY-ST-ZIP	Tall FL 32303	
31 TITLE	S Michael Hogan	☐ Change ☒ Addition
32 NAME	Michael Hogan	
33 STREET ADDRESS	2111 Shangri-la Ln	
34 CITY-ST-ZIP	Tall FL 32303	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME	300001924743	
63 STREET ADDRESS	-08/16/96--01066--025	
64 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: **[Signature]** 5/10/96 9045626574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRED MILLS
Date Daytime Phone #

CR2E037 (12/95)