

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 753693 1. Entity Name BUTLER FOREST HOMEOWNERS' ASSOCIATION, INC.						FILED CLERK OF STATE DIVISION OF CORPORATIONS 04 MAR 24 PM 3:24	
Principal Place of Business 2000 SHANGRI-LA LANE TALLAHASSEE, FL 32303				Mailing Address 2000 SHANGRI-LA LANE TALLAHASSEE, FL 32303			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SMITH, RUTH A 2104 SHANGRI-LA LANE TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name VALERIE E. JANARD Street Address (P.O. Box Number is Not Acceptable) 2034 SHANGRI-LA LANE City TALLAHASSEE FL Zip Code 32303			
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 <u><i>Valerie E. Janard</i></u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>3/19/04</u> (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, RUTH A 2104 SHANGRI-LA LANE TALLAHASSEE, FL 32303 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIR. VALERIE E. JANARD 2034 SHANGRI-LA LANE TALLAHASSEE, FL 32303 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STAMM, ELFIE 2071 SHANGRI-LA LANE TALLAHASSEE, FL 32303 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BRINDLEY 2181 SHANGRI-LA LANE TALLAHASSEE, FL 32303 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYSON, MARY A 2191 SHANGRI-LA LANE TALLAHASSEE, FL 32303 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500031805985 04/05/04--01011--012 **61.25 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Mary Ann Bryson</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>3/24/2004</u> Daytime Phone # <u>413-5626</u>			