

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753693

FILED
Apr 14, 2008
Secretary of State

Entity Name: BUTLER FOREST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2000 SHANGRI-LA LANE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2000 SHANGRI-LA LANE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2473345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANARD, VALERIE E
2034 SHANGRI-LA LANE
TALLAHASSEE, FL 32303 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: JANARD, VALERIE E
Address: 2034 SHANGRI-LA LANE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: STD () Delete
Name: WILLARD, PATRICIA
Address: 2191 SHANGRI-LA LANE
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: STAMM, ELFIE
Address: 2071 SHANGRI-LA LANE
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby certify that the information supplied with this filing does not qualify 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: VALERIE JANARD

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

Date