

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 # **757742**

(2)

1. Corporation Name

BUTLER BAY ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 13
WINDERMERE FL 34786

Mailing Address

P.O. BOX 13
WINDERMERE FL 34786

3. Date Incorporated or Qualified
04/27/1981

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYRRELL, JIM
12536 BUTLER BAY CT.
WINDERMERE FL 34786

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

James Tyrrell
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-96

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **POWELL, FREDRICK**
STREET ADDRESS **3315 WAX BERRY COURT**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **SD** ☐ DELETE
NAME **THOMPSON, KATHY**
STREET ADDRESS **2918 MARQUESAS COURT**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **PD** ☐ DELETE
NAME **WILSON, MIKE**
STREET ADDRESS **2833 BUTLER BAY DR. N.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **TD** ☐ DELETE
NAME **TYRRELL, JIM**
STREET ADDRESS **12536 BUTLER BAY CT.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ DELETE
NAME **HOPKINS, DAN**
STREET ADDRESS **2931 SUNBITTERN CT.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 an address.

SIGNATURE:

James Tyrrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-96

407-858-7628

Date

Daytime Phone #

CR2E037 (12/95)