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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 757749

121

| FILED | | | | | |
|--------------------|--|--|--|--|--|
| Mar 31 1998 8:00am | | | | | |
| Secretary of State | | | | | |

| BUTLER BAY ASSOCIATION, INC. Principal Place of Business Mailing Address | | | | | | |
|--|---|--|---|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2180 WEST SR 434 2180 WEST SR 434 | | | | | | |
| STE. 5000 LONGWOOD FL 32779-5044 US STE. 5000 LONGWOOD FL 32779-5044 US | | | | 3. Date Incorporated or Qualified | | |
| | | | 44 | 04/27/1981 4. FEI Number Applied For | | |
| | | | | 59-2417570 Not Applicab | | |
| 2. Principal f | 2. Principal Place of Business 2a. Maili | | | \$0.75 Additional | | |
| 21 | | 26 | | 5. Certificate of Status Desired Fee Required | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be | | |
| City & State | | City & State | | Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? | | |
| 23 | | 28 | | Yes No | | |
| Zip | Country | Z ip | Country | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. Yes 🔀 No | | |
| | 9, Name and Address of Curre | nt Registered Agent | 81 Name | 10. Name and Address of New Registered Agent | | |
| MARKE | IAMEO IN ID | | oi Ivaille | | | |
| | JAMES W JR. | | 82 Street Ac | ddress (P.O. Box Number is Not Acceptable) | | |
| | SENTRY MANAGEMENT INC. 2180 WEST SR 434, STE. 5000 | | | | | |
| | OOD FL 32779 | | | | | |
| | | | 84 City | FL 85 Zip Code | | |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statu | tes, the above-named c | corporation submits this statement for the purpose of changing its registered | | |
| agent. Fa | registered agent, or both, in the state am familiar with, and accept the oblig | e of Florida. Such change was pations of, Section 617.0503, F | lorida Statutes. | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE | | | | | | |
| 12, | Signature, typed or printed name of registered ag | | OTE: Registered Agent signature re 13. | equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD OFFICERS AF | ND DIRECTORS DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| NAME | POLAROLO, EUGENE | | 1.2 NAME | | | |
| STREET ADDRESS | 2127 LAKE CRESCENT CT | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZWP | WINDERMERE FL | | 1.4 City-ST-ZIP | | | |
| TITLE | SD | DELETE | 2.1 TITLE | Change Addition | | |
| NAME | TAYLOR, KAREN | | 2.2 NAME | | | |
| STREET ADDRESS | 12546 BUTLER BAY CT | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WINDERMERE FL | | 2. 4 CITY-ST-ZIP | | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Additio | | |
| NAME | BERGER, ERIK | | 3.2 NAME | | | |
| STREET ADDRESS | 12717 BUTLER BAY CT | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | WINDERMERE FL D | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | ☐ Change ☐ Addition | | |
| NAME | AGUEL, GEORGE | orașie | 4.2 NAME | | | |
| STREET ADDRESS | 12548 BULTER BAY CT | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WINDERMERE FL | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | Change Addition | | |
| NAME | PELUSO, ANTHONY | | 5.2 NAME | | | |
| STREET ADDRESS | 12603 BULTER BAY CT. | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WINDERMERE FL | | 5.4 CITY - ST-ZIP | | | |
| TITLE | :: <u> </u> | DELETE | 6.1 TITLE | Change Addition | | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | 6.4 CITY+ST-ZIP | | | |

14. Thereby 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE: