2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# 757742

Entity Name: BUTLER BAY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE. 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
STE. 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2417570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 32779 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: BERRYMAN, RON
Address: 12137 CRESCENT COVE CT
City-St-Zip: WINDERMERE, FL 34786

Title: VPD ( ) Delete
Name: HARKER, KEN
Address: 12001 LAKE BUTLER BV
City-St-Zip: WINDERMERE, FL 34786

Title: STD ( ) Delete
Name: JARVIS, EDGAR
Address: 1735 LAKE ROBERTS CT
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: KELSEY, PHIL
Address: 2804 MARQUESAS CT
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RAY BERRYMAN PD 03/17/2006

Electronic Signature of Signing Officer or Director — Date