757742

(Red	questor's Name)			
(Add	dress)	·		
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PiCK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
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PAChange 3-21-11 Dc

COVER LETTER

TO: Amendme Division o	nt Section f Corporations		
SUBJECT:	Butler Bay As	sociation, Inc.	_
DOCUMENT NU	MBER:	757742	_
The enclosed State	ement of Change of Registered Of	ffice/Agent and fee are submitted for	filing.
Please return all co	orrespondence concerning this ma	atter to the following:	
	Robert	W. Anthony	
	Name of	Contact Person	_
	Fasset, Anth	ony & Taylor, P.A.	
	Firm	i/Company	
	400 5 144	404 330	
		est Colonial Dr Address	_
	•		
	Orlanda	Florida 32804	
	City/State	Florida 32804 e and Zip Code	_
-	ranthony@	fassettlaw.com or future annual report notification	.7
	L-man address. (to be used to	or ruture annual report normeanor	1)
For further inform	ation concerning this matter, plea	se call:	
F	obert W. Anthony	at (407) 872-02 Area Code & Daytime Tele	00 ext. 3010
Na	me of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a \$35.0	00 check made payable to the Dep	partment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations		ions
	P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chair	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Florida ad under the laws of the State of d agent, or both, in the State of I			
1. The name of t	he corporation:	Butler	Bay Association, Inc.			
	The name of the corporation: Butler Bay Association, Inc. 1325 West Colonial Dr Orlando, FL 32804					
•						
3. The mailing ac	ddress (if different):					
4. Date of incorp	oration/qualification:	4/27/1981	Document number:	757742		
	street address of the cur tment of State: (If resign		nt and registered office on file w	ith the		
		James W. Ha	rt, Jr.	-		
	21	80 West SR 43	4 Ste. 5000	':		
	L	ongwood, FL 32	2779-5044	- 33 - - 3		
6. The name and (if changed):	street address of the nev	w registered agent (if changed) and /or registered of	Tice TAR 1		
		Robert W. A	nthony			
•		1325 West C	olonial Dr			
		P.O. Box NOT ac	cceptable	- Andrew		
		Orlando, FL				
The street address changed will	ss of its registered offic be identical.	e and the street ad	dress of the business office of	its registered agent,		
Sugh) change wa authorized by th	s authorized by resolut e board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or by an ied in writing of the change.	n officer so		
Bush Signature	Heale Lecture	2	Pamela A. Flack Pe			
I hereby accept if further agree to of my duties, and document is beig corporation has	the appointment as reg o comply with the prov d I am familiar with an og filed merely to reflect been potified in writin	istered agent and a isions of all statute d accept the obliga it a change in the r g of this change.	agree to act in this capacity. Is relative to the proper and co Ition of my position as register Registered office address, I here	mplete performance ed agent. Or, if this by confirm that the		
Sign	ature of Registered Agent		3-//-//	· · · · · · · · · · · · · · · · · · ·		
If signing on bel	nalf of an entity:					
	+ Anthony ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (8/05)