## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000373

City-St-Zip:

ORLANDO, FL 32801

FILED Feb 06, 2004 Secretary of State

Entity Name: WEST BUTLER CHAIN HOMEOWNERS ASSOCIATION, INC.

**New Principal Place of Business: Current Principal Place of Business:** P.O. BOX 1327 WINDERMERE, FL 34786 **Current Mailing Address: New Mailing Address:** P.O. BOX 1327 WINDERMERE, FL 34786 FEI Number: 59-3630014 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BOWDOIN, DOUGLAS BOWDOIN, DOUGLAS 390 NORTH ORANGE AVE. SUITE 255 SOUTH ORANGE AVENUE **SUITE 2500** SUITE 800 ORLANDO, FL 32801 ORLANDO, FL 32801 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: 02/06/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition FRY. DANIEL J FRY. DANIEL J Name: Name: 390 NORTH ORANGE AVE. SUITE 2500 Address: 255 SOUTH ORANGE AVENUE, SUITE 800 Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: Title: (X) Change ( ) Addition ( ) Delete MCMURTREY, DIANA D Name: Name: MCMURTREY, DIANA D Address: 390 NORTH ORANGE AVE. SUITE 2500 Address: 255 SOUTH ORANGE AVENUE, SUITE 800 City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: Title: (X) Change ( ) Addition () Delete BECK, GLEN Name: BECK, GLENN Name: 390 NORTH ORANGE AVE. SUITE 2500 255 SOUTH ORANGE AVENUE, SUITE 800 Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ORLANDO, FL 32801 Title: ( ) Delete Title: (X) Change ( ) Addition Name: BOWDOIN, DOUGLAS Name: BOWDOIN, DOUGLAS Address: 390 NORTH ORANGE AVE, #2500 Address: 255 SOUTH ORANGE AVENUE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

ORLANDO, FL 32801

SIGNATURE: DOUGLAS BOWDOIN S 02/06/2004