

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000373

FILED
Apr 07, 2005
Secretary of State

Entity Name: WEST BUTLER CHAIN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1327
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1327
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3630014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWDOIN, DOUGLAS
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO, FL 32801 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: D () Delete
Name: FRY, DANIEL J
Address: 255 SOUTH ORANGE AVENUE, SUITE 800
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MCMURTREY, DIANA D
Address: 255 SOUTH ORANGE AVENUE, SUITE 800
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BECK, GLENN
Address: 255 SOUTH ORANGE AVENUE, SUITE 800
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: BOWDOIN, DOUGLAS
Address: 255 SOUTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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 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.

SIGNATURE: DOUGLAS BOWDOIN

S

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date