

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02523** (1)
1. Corporation Name

BUTLER FARMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 8724 CORAL SPRINGS FL 33075
Mailing Address: P.O. BOX 8724 CORAL SPRINGS FL 33075

3. Date Incorporated or Qualified: **04/13/1984**
3a. Date of Last Report: **01/30/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EMERY, MICHAEL R., ESQ. 2691 E. OAKLAND PARK BLVD., SUITE 400 FT. LAUDERDALE FL 33306				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	VDIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LECLAIR, STEPHEN A.			1.2 NAME	DONALD R. CASTAGNO		
STREET ADDRESS	2450 NE MIAMI GARDENS DR			1.3 STREET ADDRESS	6001 NW 47 PL		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOLLINGER, NANCY			2.2 NAME	JERRY RENDA		
STREET ADDRESS	6060 NW 46 MANOR			2.3 STREET ADDRESS	5100 N.W. 64TH DR.		
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33067		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, LYLE			3.2 NAME			
STREET ADDRESS	5657 N.W. 64TH LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEINBERG, ROBERTA			4.2 NAME			
STREET ADDRESS	5061 NW 64TH DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUNNIER, BARRY			5.2 NAME			
STREET ADDRESS	6055 N.W. 48TH CT.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITBOURNE, DAVID P.			6.2 NAME			
STREET ADDRESS	5326 NW 66TH AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *[Signature]* LYLE SCHWARTZ 13-FEB-96 391-9007 (954)
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)