

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 23 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/13/1984	3a. Date of Last Report 02/21/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2492119	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**EMERY, MICHAEL R., ESQ.**  
 2691 E. OAKLAND PARK BLVD., SUITE 400  
 FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4875 N FEDERAL HIGHWAY**  
 83 **7th Floor**  
 84 City  
**FT LAUDERDALE** FL 85 Zip Code  
**33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LECLAIR, STEPHEN A.	
STREET ADDRESS	2450 NE MIAMI GARDENS DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DOLLINGER, NANCY	
STREET ADDRESS	8060 NW 48 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, LYLE	
STREET ADDRESS	5657 N.W. 64TH LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FEINBERG, ROBERTA	
STREET ADDRESS	5061 NW 64TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JUNNIER, BARRY	
STREET ADDRESS	8055 N.W. 48TH CT.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITBOURNE, DAVID P.	
STREET ADDRESS	5326 NW 66TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DREYDA, JERRY</b>
2.3 STREET ADDRESS	<b>5100 NW 64 DRIVE</b>
2.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CABLE, ROBYN</b>
4.3 STREET ADDRESS	<b>6388 NW 54TH DRIVE</b>
4.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33067</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (in an attachment) with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED 16. Sept. 97 777-7292 954

CR2E037 (4/97)