2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # N02523** 1. Entity Name BUTLER FARMS HOMEOWNERS ASSOCIATION, INC. 03-20-2000 90034 013 ****61.25 Principal Place of Business Mailing Address P.O. BOX 8724 P.O. BOX 8724 CORAL SPRINGS FL 33075 CORAL SPRINGS FL 33075-8724 000397383. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2492119 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EMERY, MICHAEL R ONE FINANCIAL PLAZA STE 2020 Zip Code City, Fl FT LAUDERDALE FL 33394 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition **☑** Delete TITLE D Change TITLE RON WEINBERG NAME LECLAIR, STEPHEN A. NAME STREET ADDRESS 2450 NE MIAMI GARDENS DR STREET ADDRESS 5667 NW 66 AVE CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33067 Miami Fl TH Addition ☐ Delete TITLE TITLE D RENDA, JERRY NAME JOAN SHACK NAME 6099 NW 53 RD ST STREET ADDRESS 5100 NW G4 DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CORAL SPRINGS FL 3 PRINOS FL ☐ Change Addition TITLE ____ Delete NAME -MYRNA CINTRON 6425 NW 53-05T CORAL SPRING FL 33067 NAME SCHWARTZ, LYLE STREET ADDRESS STREET ADDRESS 5657 N.W. 64TH LANE CITY-ST-ZIP CITY-ST-ZIE Coral Springs Fl Change Addition Delete TITLE TITLE DIANE YOUSEFI NAME NAME CABLE, ROBYN 6273 NW 52MST STREET ADDRESS STREET ADDRESS 6388 NW 54TH DR CORAL SIKINGS FL 33067 CITY-ST-ZIF CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete TITLE ☐ Addition TITLE JUNNIER, BARRY NAME NAME STREET ADDRESS STREET ADDRESS 6055 N.W. 48TH CT. CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Defete ☐ Change ☐ Addition TITLE TITLE

12. Thereby certify that the information supplied with this filling does not qualify 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 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 future empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on arrestachment with in address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

NAME

SIGNATURE:

NAME

STREFT ADDRESS

CITY-ST-ZIP

WHITBOURNE, DAVID P.

5326 NW 66TH AVENUE

CORAL SPRINGS FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR