


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N02523 1. Entity Name BUTLER FARMS HOMEOWNERS ASSOCIATION, INC.	
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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



01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2492119	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**EMERY, MICHAEL R
ONE FINANCIAL PLAZA
STE 2020
FT LAUDERDALE, FL 33394**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUSEFFI, DIANE 6273 NE 52 STREET CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENDA, JERRY 5100 NW G4 DR CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, LYLE 5657 N.W. 64TH LANE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CABLE, ROBYN 6388 NW 54TH DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNNIER, BARRY 6055 N.W. 48TH CT. CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITBOURNE, DAVID P 5326 NW 66TH AVENUE CORAL SPRINGS, FL

U00000596304
01/23/07-80070-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee 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 an attachment with an address, with all other like empowered.

SIGNATURE: *David Whitbourne* **TRUSTEE** 1/14/07 786 251 9727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #