

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02523

FILED
Jan 26, 2009
Secretary of State

Entity Name: BUTLER FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 8724
CORAL SPRINGS, FL 33075

New Principal Place of Business:

14164 N.CYPRESS COVE CIRCLE
DAVIE, FL 33325

Current Mailing Address:

P.O. BOX 8724
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 59-2492119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EMERY, MICHAEL R
888 SOUTH ANDREWS AVENUE
SUITE 201
FT LAUDERDALE, FL 33316 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: P () Delete
Name: YOUSEFFI, DIANE
Address: 6273 NE 52 STREET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: RENDA, JERRY
Address: 5100 NW G4 DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete
Name: SCHWARTZ, LYLE
Address: 5657 N.W. 64TH LANE
City-St-Zip: CORAL SPRINGS, FL

Title: P () Delete
Name: CABLE, ROBYN
Address: 6388 NW 54TH DR
City-St-Zip: CORAL SPRINGS, FL

Title: T () Delete
Name: WHITBOURNE, DAVID P
Address: 5326 NW 66TH AVENUE
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHWARTZ, LYLE
Address: 5657 N.W. 64TH LANE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP (X) Change () Addition
Name: CABLE, ROBYN
Address: 6388 NW 54TH DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T (X) Change () Addition
Name: WHITBOURNE, DAVID P
Address: 5326 NW 66TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID P. WHITBOURNE

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date