

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02523

FILED
May 01, 2012
Secretary of State

Entity Name: BUTLER FARMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14164 N.CYPRESS COVE CIRCLE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

7401 WILES ROAD
SUITE 318
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 59-2492119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRZA BASULTO & ROBBINS, LLP
14160 NW 77 COURT
SUITE 22
MIAMI LAKES, FL 33016 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
Name: RENDA, GERARD
Address: 5100 NW 64 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S
Name: SHACK, JOAN
Address: 6099 NW 53RD STRET
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D
Name: SCHWARTZ, LYLE
Address: 5657 N.W. 64TH LANE
City-St-Zip: CORAL SPRINGS, FL 33067

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

Title: T
Name: WHITBOURNE, DAVID P
Address: 14164 N.CYPRESS COVE CIRCLE
City-St-Zip: DAVIE, FL 33325

Title: D
Name: WITT, CHUCK
Address: 6472 NW 56 STREET
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: ROBYN CABLE

VP

05/01/2012

Electronic Signature of Signing Officer or Director

Date