

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18752

FILED
Jan 27, 2008
Secretary of State

Entity Name: THE MANORS AT BUTLER BAY ASSOCIATION, INC.

Current Principal Place of Business:

2728 TRYON PLACE
WINDERMERE, FL 34786 US

New Principal Place of Business:

11200 CEDAR GROVE COURT
WINDERMERE, FL 34786 US

Current Mailing Address:

P.O. BOX 1167
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-2846642 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUNROE, KEVIN
2813 S HAWASSEE ROAD
ORLANDO, FL 32835 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: D () Delete
Name: SCHALLER, PATRICK
Address: 11200 CEDAR GROVE COURT
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: HORAN, ANDY
Address: 2641 TRYON PLACE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: PEARSON, DAX
Address: 2574 CARTER GROVE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: GRANDE, BRAD
Address: 2600 CARTER GROVE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: KIRBY, KEVIN
Address: 2508 CARTER GROVE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: HENSLER, KATE
Address: 2527 CARTER GROVE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

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: DAX PEARSON

D

01/27/2008

Electronic Signature of Signing Officer or Director

Date