

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90073 032 \*\*\*\*61.25

**DOCUMENT # N31645**

1. Entity Name

**BUTLER RIDGE HOMEOWNERS' ASSOCIATION, INC. OF  
WINDERMERE**



Principal Place of Business

P.O. BOX 1676  
WINDERMERE FL 34786  
US

Mailing Address

P.O. BOX 1676  
WINDERMERE FL 34786  
US

4001441J



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3003853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MADYDA, CHERYL  
5253 BUTLER RIDGE DRIVE  
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name **STEVEN BROWDY**

Street Address (P.O. Box Number is Not Acceptable)

**5027 AUTUMN RIDGE LANE**

City **WINDERMERE**

**FL**

Zip Code

**34786**

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

*Steven A. Browdy*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/31/2005**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWDY, STEVEN	
STREET ADDRESS	5027 AUTUMN RIDGE LANE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELLAR, SUAN M	
STREET ADDRESS	5112 BUTLER RIDGE DRIVE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEVITIS, MIKE	
STREET ADDRESS	5108 AUTUMN RIDGE LANE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANOLPH, LINDA	
STREET ADDRESS	5116 AUTUMN RIDGE LANE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCQUILLAN, HELEN	
STREET ADDRESS	5141 AUTUMN RIDGE LN.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARNETT, CLEVELAND	
STREET ADDRESS	5127 BUTLER RIDGE DRIVE	
CITY-ST-ZIP	WINDERMERE FL 34786	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM CASEY	
STREET ADDRESS	5117 AUTUMN RIDGE LANE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY DEVITIS	
STREET ADDRESS	5108 AUTUMN RIDGE LANE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS KRAMER	
STREET ADDRESS	5136 BUTLER RIDGE DRIVE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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:

*Steven A. Browdy*, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/05** **107-877-2149**

Date Daytime Phone #