

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2006 8:00 am
Secretary of State

06-15-2006 90001 010 ****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**



05232006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**BROWDY, STEVEN
5027 AUTUMN RIDGE LANE
WINDERMERE, FL 34786**

**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

Steven J. Browdy

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

(NOTE: Registered Agent signature required when reinstating)

6/12/2006

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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	VP CASEY, WILLIAM 5117 AUTUMN RIDGE LANE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <i>SUSAN</i> BELLAR, <i>SUSAN M</i> 5112 BUTLER RIDGE DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVITIS, MARY 5108 AUTUMN RIDGE LANE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, CHRIS 5136 BUTLER RIDGE LANE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCQUILLAN, HELEN 5141 AUTUMN RIDGE LN. WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNETT, CLEVELAND 5127 BUTLER RIDGE DRIVE WINDERMERE, FL 34786

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IN THIS SPACE**

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:

Steven J. Browdy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/2006

DATE

807-877-2149

DAYTIME PHONE #