

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90007 007 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 L. Browdy

(NOTE: Registered Agent signature required when reinstating)

3/11/2008

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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** ☐ Delete
NAME **LVERT, LISA**
STREET ADDRESS **5002 BUTLER RIDGE CT.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **SD** ☐ Delete
NAME **BELLAR, SUSAN M**
STREET ADDRESS **5112 BUTLER RIDGE DRIVE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ Delete
NAME **DEVITIS, MARY**
STREET ADDRESS **5108 AUTUMN RIDGE LANE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **VD** ☒ Delete
NAME **KRAMER, CHRIS**
STREET ADDRESS **5136 BUTLER RIDGE LANE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **TD** ☐ Delete
NAME **MCQUILLAN, HELEN**
STREET ADDRESS **5141 AUTUMN RIDGE LN.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ Delete
NAME **MADYDA, RON**
STREET ADDRESS **5253 BUTLER RIDGE DR.**
CITY-ST-ZIP **WINDERMERE FL 34786**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **LVERT, LISA**
STREET ADDRESS **5002 BUTLER RIDGE CT.**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **DEVITIS, MARY**
STREET ADDRESS **5108 Autumn Ridge Lane**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **D** ☐ Change ☒ Addition
NAME **KRAMER, ANN**
STREET ADDRESS **5136 Butler Ridge Lane**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **BROWDY, STEVEN**
STREET ADDRESS **5027 Autumn Ridge Lane**
CITY-ST-ZIP **WINDERMERE, FL 34786**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #