

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31645

FILED
Jan 13, 2009
Secretary of State

Entity Name: BUTLER RIDGE HOMEOWNERS' ASSOCIATION, INC. OF WINDERMERE

Current Principal Place of Business:

P.O. BOX 1676
WINDERMERE, FL 34786 US

New Principal Place of Business:

5141 AUTUMN RIDGE LANE
WINDERMERE, FL 34786 US

Current Mailing Address:

P.O. BOX 1676
WINDERMERE, FL 34786 US

New Mailing Address:

P. O. BOX 1676
WINDERMERE, FL 34786 US

FEI Number: 59-3003853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWDY, STEVEN
5027 AUTUMN RIDGE LANE
WINDERMERE, FL 34786 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: LEVERT, LISA
Address: 5002 BUTLER RIDGE CT.
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: BELLAR, SUSAN M
Address: 5112 BUTLER RIDGE DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: VP () Delete
Name: DEVITISS, HARY
Address: 5108 AUTUMN RIDGE LANE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: KRAMER, ANN
Address: 5136 BUTLER RIDGE LANE
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: MCQUILLAN, HELEN
Address: 5141 AUTUMN RIDGE LN.
City-St-Zip: WINDERMERE, FL 34786

Title: P () Delete
Name: BROWDY, STEVEN
Address: 5027 AUTUMN RIDGE LANE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: DEVITIS, MARY
Address: 5108 AUTUMN RIDGE LANE
City-St-Zip: WINDERMERE, FL 34786

Title: D (X) Change () Addition
Name: KRAEMER, ANN
Address: 5136 BUTLER RIDGE LANE
City-St-Zip: WINDERMERE, FL 34786

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

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

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: HELEN B. MCQUILLAN

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date