


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90047 036 ****61.25

DOCUMENT # N44361			
1. Entity Name THE BUTLER PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6960 BONNEVAL RD 202 JACKSONVILLE, FL 32216 US		Mailing Address 6960 BONNEVAL RD 202 JACKSONVILLE, FL 32216 US	
2. Principal Place of Business - No P.O. Box # <i>6960 Bonneval Rd.</i>		3. Mailing Address <i>6960 Bonneval Rd.</i>	
Suite, Apt. #, etc. <i>102</i>		Suite, Apt. #, etc. <i>102</i>	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32216</i>	Country <i>USA</i>	Zip <i>32216</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name <i>Brian D. Flynn</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>6960 Bonneval Rd. Ste. 102</i>	
		City <i>Jacksonville,</i>	FL Zip Code <i>32216</i>
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 <i>[Signature]</i>		DATE <i>2/13/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SINOFF, BARRY S 6960 BONNEVAL RD STE 202 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMSTEIN, CHARLES E 6960 BONNEVAL RD STE 202 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PIST</i> <i>Brian D. Flynn</i> <i>6960 Bonneval Rd. Ste 102</i> <i>Jacksonville, FL 32216</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		DATE <i>2/13/07</i> DAYTIME PHONE <i>904-281-8800</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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02132007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3139388 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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