


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90022 023 \*\*\*\*61.25

**DOCUMENT # 747521**  
1. Entity Name  
**THE BUTTONWOOD HOME OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**3370 SHADOW WOOD DRIVE  
GREENACRES FL 33463  
US**

Mailing Address  
**3370 SHADOW WOOD DRIVE  
GREENACRES FL 33463  
US**

**24012116**



MOORE CR2E037 (11/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number  
**59-1941313**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**ST. JOHN, DAVID  
% ST. JOHN, CORE, FIORE & LEMME, P.A.  
1601 FORUM PLACE, CENTURION TOW., STE 701  
WEST PALM BCH FL 33401**

**7. Name and Address of New Registered Agent**  
Name **ST. JOHN, CORE & LEMME, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1601 FORUM PLACE**  
City **WEST PALM BEACH FL** Zip Code **33401**

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 *David A. Cole* **DAVID A. COLE, SECRETARY** **FEB 9, 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	VASD MILLER, CHARLES 6070 AIMBERTREE LANE GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEFRANK, LOUIS 6080 LAKEMONT CIRCLE LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIEBERMAN, GERALD 6040 BAYWOOD LN. GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD ROSENBERG, MURRAY 6079 OLIVEWOOD CIRCLE GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PK</del> PD GERRISH, RICHARD 6250 OLIVEWOOD CIRCLE GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PK</del> VD BERSON, HYMAN 6430 LAKEMONT CIRCLE GREENACRES FL 33463	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eleanor Holliday 6069 Olivewood Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saul Paransky 6290 Olivewood Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vincent Rainone 6319 Lakemont Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD Hal Perera 6300 Olivewood Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE: *Richard Gerrish* **Richard Gerrish, President** **1/30/04** **561-968-7555**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #