


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90014 041 \*\*\*\*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**


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

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

City & State  
Zip Country

City & State  
Zip Country

**00011076**



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1941313** Applied For  
Not Applicable

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, Suite 701**  
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. Core* **DAVID A. CORE, SECRETARY** DATE **2-2-2005**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	SD HOLLDAY, ELEANOR 6069 OLIVEWOOD CIRCLE GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARANSKY, SAUL 6290 OLIVEWOOD CIRCLE LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIEBERMAN, GERALD 6040 BAYWOOD LN. GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y At Large D PERRERA, HAL 6300 OLIVEWOOD CIRCLE GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERRISH, RICHARD 6250 OLIVEWOOD CIRCLE GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERSON, HYMAN 6430 LAKEMONT CIRCLE GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kessler, Harry 6090 Peachtree Lane Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DeFrank, Louis 6080 Lakemont Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Miller, Charles 6070 Ambertree Lane Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Beres, Laverne 6290 Lakemont Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD Cianciulli, Anita 6120 Peachtree Lane 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

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 all other like empowered.

SIGNATURE: *Harry Kessler* **HARRY KESSLER, PRESIDENT** DATE **01/24/05** DAYTIME PHONE # **561-968-7555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR