

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90146 004 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 59-1941313	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ST JOHN, CORE, FIORE & LEMME, PA 1601 FORUM PLACE STE 701 WEST PALM BEACH 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	
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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** 3-30-2006
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, 2006

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 TD NAME KESSLER, HARRY STREET ADDRESS 6090 PEACHTREE LANE CITY-ST-ZIP GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE D NAME PARANSKY, SAUL STREET ADDRESS 6290 OLIVEWOOD CIRCLE CITY-ST-ZIP LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE TR VPD NAME MILLER, CHARLES STREET ADDRESS 6070 AMBERTREE LANE CITY-ST-ZIP GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE VASD NAME PERRERA, HAL STREET ADDRESS 6300 OLIVEWOOD CIRCLE CITY-ST-ZIP GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE VD NAME DEFRANK, LOUIS STREET ADDRESS 6080 LAKEMONT CIRCLE CITY-ST-ZIP GREENACRES FL 33463	<input type="checkbox"/> Delete
TITLE SD NAME BERES, LAVERNE STREET ADDRESS 6290 LAKEMONT CIRCLE CITY-ST-ZIP GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME Anita Cianciulli STREET ADDRESS 6120 Peachtree Lane CITY-ST-ZIP Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME Richard Gerrish STREET ADDRESS 6250 Olivewood Circle CITY-ST-ZIP Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME Richard Turcotte STREET ADDRESS 6039 Baywood Lane CITY-ST-ZIP Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 *Harry M. Kessler* **HARRY M. KESSLER - TREASURER** 03/29/06 561-968-755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE AND PHONE #