


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90016 027 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01212008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1941313 Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ST. JOHN, CORE, LEMME, P.A. 1601 FORUM PLACE STE 701 WEST PALM BEACH, FL 33401			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008!</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTSON, BETTY		NAME	BERES, LAVERNE	
STREET ADDRESS	6299 LAKEMONT CIRCLE		STREET ADDRESS	6290 LAKEMONT CIRCLE	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARANSKY, SAUL		NAME	MCGINLEY, FAITH	
STREET ADDRESS	6290 OLIVEWOOD CIRCLE		STREET ADDRESS	6060 BAYWOOD LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIANVIULLI, ANITA		NAME	HENNEBURY, MARION	
STREET ADDRESS	6120 PEACHTREE LANE		STREET ADDRESS	6070 BAYWOOD LANE	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERES, LAVERNE		NAME	SCHNEIDER, LORRAINE	
STREET ADDRESS	6290 LAKEMONT CIRCLE		STREET ADDRESS	6430 LAKEMONT CIRCLE	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFRANK, LOUIS		NAME	CASABLANCA, SEBASTIAN	
STREET ADDRESS	6080 LAKEMONT CIRCLE		STREET ADDRESS	6409 OLIVEWOOD CIRCLE	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURCOTTE, RICHARD		NAME		
STREET ADDRESS	6039 BAYWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP		
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>Betty Clementson</i>			Date: <i>1/25/08</i>		Daytime Phone #: <i>561-968-7555</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>BETTY CLEMENTSON, TREAS.</b>					