2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747521

Address:

City-St-Zip:

Entity Name: THE BUTTONWOOD HOME OWNERS' ASSOCIATION, INC.

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business:			New Princ	ipal Place of Business:
	OOW WOOD D RES, FL 3346			
Current Mailing Address:			New Maili	ng Address:
	OOW WOOD D RES, FL 3346			
FEI Number:	59-1941313	FEI Number Applied For () FEI	Number Not Appl	icable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
1818 AUST	RIVOK & STOL RALIAN AVE S M BEACH, FL	S STÉ 400		
The above in the State		ubmits this statement for the purpos	e of changing i	ts registered office or registered agent, or both,
SIGNATURE:				
	Electroni	Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD3 () I BERES, LAVERN 6290 LAKEMON GREENACRES,	T CIRCLE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BERES, LAVERNE 6290 LAKEMONT CIRCLE GREENACRES, FL 33463
Title: Name: Address: City-St-Zip:	VPD () I MCGINLEY, FAI 6060 BAYWOOD GREENACRES,	LANE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SIMON, JOSEPH 3288 SHADOW WOOD DRIVE GREENACRES, FL 33463
Title: Name: Address: City-St-Zip:	VPD () I HENNEBURY, M	Delete ARION	Title:	S (X) Change () Addition
Oity Ot Zip.	6070 BAYWOOD GREENACRES,		Name: Address: City-St-Zip:	SCHNEIDER, LORRAINE 6430 LAKEMONT CIRCLE GREENACRES, FL 33463
Title: Name: Address: City-St-Zip:	GREENACRES,	FL 33463 Delete RRAINE FCIRCLE	Address:	6430 LAKEMONT CIRCLE
Title: Name: Address:	GREENACRES, D () I SCHNEIDER, LC 6430 LAKEMON GREENACRES,	FL 33463 Delete PRRAINE FCIRCLE FL 33463 Delete BEBASTIAN DD CIRCLE	Address: City-St-Zip: Title: Name: Address:	6430 LAKEMONT CIRCLE GREENACRES, FL 33463 T (X) Change () Addition CASABLANCA, SEBASTIAN 6409 OLIVEWOOD CIRCLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6320 OLIVEWOOD CIRCLE GREENACRES, FL 33463

SIGNATURE: LAVERNE BERES P 03/04/2009