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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770256** **(6)**

1. Corporation Name
BUTTONWOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% DEBRA LANE, CPA 681 S.E. DEGAN DRIVE PT.ST.LUCIE FL 34983-2720	% DEBRA LANE, CPA 681 S.E. DEGAN DRIVE PT.ST.LUCIE FL 34983-2720

3. Date Incorporated or Qualified: **09/15/1983**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: **59-2331048** ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BODEM, LOREN E.
815 COLORADO AVE.,#305
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHAHEEN, MANNY		1.2 NAME		
STREET ADDRESS	1701 NE OCEAN BLVD. #204		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POLLAND, MARY ANN		2.2 NAME		
STREET ADDRESS	1701 NE OCEAN BLVD. #101		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	STEIDLMAYER, JUDY		3.2 NAME	Steidlmayer, Judy	
STREET ADDRESS	1701 NE OCEAN BLVD.		3.3 STREET ADDRESS	1701 NE Ocean Blvd.	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	Stuart, Fl 34996	
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	MRDEZA, JANET		4.2 NAME	Shaheen, Janet	
STREET ADDRESS	1701 NE OCEAN BLVD.		4.3 STREET ADDRESS	1701 NE Ocean Blvd. #204	
CITY-ST-ZIP	STUART FL		4.4 CITY-ST-ZIP	Stuart, Fl 34996	
TITLE	D	☒ DELETE	5.1 TITLE	T/D	☐ Change ☒ Addition
NAME	KIRKPATRICK, MICHAEL W.		5.2 NAME	Harman, Diane	
STREET ADDRESS	235 SANFORD AVE		5.3 STREET ADDRESS	1706 NE Ocean Blvd.	
CITY-ST-ZIP	PALM BEACH FL		5.4 CITY-ST-ZIP	Stuart, Fl 34996	
TITLE	DP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRADSHAW, ROBERT		6.2 NAME		
STREET ADDRESS	1701 NE OCEAN BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [illegible] [illegible] 4/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 561 220 3202 0071610