

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747521

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

**Current Principal Place of Business:**

3370 SHADOW WOOD DRIVE  
GREENACRES, FL 33463

**Current Mailing Address:**

3370 SHADOW WOOD DRIVE  
GREENACRES, FL 33463

**FEI Number:** 59-1941313

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT RESOURCES  
4000 S 57TH AVE  
101  
LAKE WORTH, FL 33463 US

*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.*

**SIGNATURE:** HOWARD SLIFKIN

02/16/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GERRISH, DICK  
Address        4000 S 57TH AVE  
                  101  
City-State-Zip: LAKE WORTH FL 33463

Title           DIRECTOR  
Name           MERIDA , LOUIS  
Address        4000 S 57TH AVE  
                  101  
City-State-Zip: LAKE WORTH FL 33463

Title           VP  
Name           RUSSIN, MARY JANE  
Address        4000 S 57TH AVE SUITE 101  
                  101  
City-State-Zip: LAKE WORTH FL 33463

Title           PRESIDENT  
Name           FONTI, FRANK  
Address        4000 S 57TH AVE  
                  101  
City-State-Zip: LAKE WORTH FL 33463

Title           DIRECTOR  
Name           NATOLI, FILOMENA  
Address        4000 S 57TH AVE  
                  101  
City-State-Zip: LAKE WORTH FL 33463

Title           DIRECTOR  
Name           DIONNA, TONY  
Address        3370 SHADOW WOOD DRIVE  
City-State-Zip: GREENACRES FL 33463

Title           SECRETARY  
Name           IRIZARRY, WANDA  
Address        3370 SHADOW WOOD DRIVE  
City-State-Zip: GREENACRES FL 33463

*I hereby 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 all other like empowered.*

**SIGNATURE:** FRANK FONTI

PRESIDENT

02/16/2021

Electronic Signature of Signing Officer/Director Detail

Date