

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747521

**FILED**  
**Feb 12, 2015**  
**Secretary of State**  
**CC2052101598**

**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:**

JO-JEAN PANTON FIGUEIRA, P.A.  
2920 NW 29TH AVENUE  
BOCA RATON, FL 33434 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:** JO-JEAN PANTON FIGUEIRA, ESQ.

02/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DEVANEY, RAYMOND  
Address        6139 LAKEMONT CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            VP  
Name            SIINO, SEBASTIANO  
Address        6320 OLIVEWOOD CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY  
Name            GLUECK, REBECCA  
Address        6290 OLIVEWOOD CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            TREASURER  
Name            HENNEBURY, MARION  
Address        6070 BAYWOOD LANE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            NATOLI, ALDO  
Address        3380 SHADOW WOOD DRIVE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            RUSIN, MARY JANE  
Address        6279 OLIVEWOOD CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            FONTI, FRANCESCO  
Address        6080 AMBERTREE LANE  
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:** RAYMOND DEVANEY

**PRESIDENT**

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date