

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747521

**FILED**  
**Feb 11, 2013**  
**Secretary of State**  
**CC9328084650**

**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:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVE S STE 400  
WEST PALM BEACH, FL 33409 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GERRISH, RICHARD  
Address        6250 OLIVEWOOD CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            VP  
Name            VANFOSEN, THOMAS  
Address        6269 OLIVEWOOD CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY  
Name            KAHN, SHELLEY  
Address        3287 SHADOW WOOD DRIVE  
City-State-Zip: GREENACRES FL 33463

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

Title            DIRECTOR  
Name            MOORE, PHILIP  
Address        6449 LAKEMONT CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            DEFRANK, LOUIS  
Address        6080 LAKEMONT CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            SCHNEIDER, CHARLES  
Address        6430 LAKEMONT CIRCLE  
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:** SHELLEY KAHN

**SECRETARY**

**02/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date