

**2018 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:**

CHAPNICK, MICHAEL E ESQ.  
1655 PALM BEACH LAKES BLVD.  
SUITE C-500  
WEST PALM BEACH, FL 33401 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            FONTI, FRANCESCO  
Address        6129 LAKEMONT CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            VP  
Name            RUSIN, MARY JANE  
Address        3370 SHADOW WOOD DRIVE  
City-State-Zip: GREENACRES FL 33463

Title            TREASURER  
Name            VANFOSSEN, THOMAS  
Address        3370 SHADOW WOOD DRIVE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            ROSENTHAL, MICHAEL  
Address        6199 OLIVEWOOD CIRCLE  
City-State-Zip: GREENACRES FL 33463

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

Title            DIRECTOR  
Name            BERES, JOHN  
Address        6290 LAKEMONT CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY  
Name            MCDUFFIE, YVONNE  
Address        6330 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:** FRANCESCO FONTI

**PRESIDENT**

**04/06/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date