### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747521** 

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

FILED
Jan 28, 2016
Secretary of State
CC1630995207

## **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:

Name

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT Title VP

Name FONTI, FRANCESCO Name SIINO, SEBASTIANO

Address 6129 LAKEMONT CIRCLE Address 6320 OLIVEWOOD CIRCLE

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title SECRETARY Title TREASURER

Name GLUECK, REBECCA Name RUSIN, MARY JANE

Address 6290 OLIVEWOOD CIRCLE Address 6279 OLIVEWOOD CIRCLE
City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title DIRECTOR Title DIRECTOR

Name BERES, LAVERNE Name HERNANDEZ, ANDRES

Address 6290 LAKEMONT CIRCLE Address 6259 OLIVEWOOD CIRCLE
City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title DIRECTOR

Address 6269 OLIVEWOOD CIRCLE
City-State-Zip: GREENACRES FL 33463

VANFOSSEN, THOMAS

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 01/28/2016