

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90025 023 ****61.25

DOCUMENT # 713257 1. Entity Name THE BUTTONWOOD, INC.					
Principal Place of Business 630 SECOND ST. S. NAPLES, FL 34102 US				Mailing Address 630 SECOND ST. S. NAPLES, FL 34102 US	
2. Principal Place of Business 540 2 nd St S Suite, Apt. #, etc.		3. Mailing Address 540 2 nd St S Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 59-1236658	
Zip 34102		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENLAW, DONALD 630 SECOND ST S NAPLES, FL 34102				7. Name and Address of New Registered Agent Name: POTTER, NW Street Address (P.O. Box Number is Not Acceptable): 540 2 nd St S City: NAPLES, FL Zip Code: 34102	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		N.W. POTTER <small>(NOTE: Registered Agent signature required when reinstating)</small>		7-11-06 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS POTTER, NW 540 SECOND ST S NAPLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD GREENLAW, DONALD 530 SECOND ST S NAPLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASS, DONALD C 532 SECOND ST S NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POTTER, CAROL G 540 2 nd St S NAPLES, FL 34102	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		N.W. POTTER		7-11-06 239 261 8930 <small>Date Daytime Phone #</small>	