2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

STUKE TARY OF STATE IALLAHASSEE, FLURIDA

DOCUMENT # 713257 12 MAR -8 PM ID: LO THE BUTTONWOOD, INC. Principal Place of Business Mailing Address 540 2ND STREET SOUTH 540 2ND STREET SOUTH NAPLES, FL 34102 US NAPLES, FL 34102 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142012 Chg-NP CR2E037 (12/11) City & State City & State Applied For 4. FEI Number 59-1236658 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POTTER, N.W 540 2ND STREET SOUTH Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34102 City Zip Code FL 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. 03/09/12--01002--017 **61.25 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2012 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TS Dalete me 17510 Change Addition | POTTER, NW NAME NAME STREET ADDRESS 540 SECOND ST S STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-71P TITLE TITLE Delete Change Addition SWORTH TERESA M. B SECOND ST 5 NAME CASS, DON NAME STREET ADDRESS 540 SECOND ST S STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP APLES. FL me Delete TITLE Change Change 2-Addition POTTER, CAROL G NAME NAME STANKARD, JEGGREY P. STREET ADDRESS 540 2ND ST. SOUTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP NA-PLES, FL TILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 300224244903 /03/12--01002--017 **61 NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TRE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7P

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

E-MAIL ADDRESS

Change