

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90033 040 \*\*\*\*61.25

**DOCUMENT # 754968**

1. Entity Name  
**THE BUTTONWOOD WEST ASSOCIATION, INC.**



Principal Place of Business  
**3201 SILVER BUTTONWOOD DRIVE  
GREENACRES CITY, FL 33463**

Mailing Address  
**3201 SILVER BUTTONWOOD DRIVE  
GREENACRES CITY, FL 33463**

**50009260**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2066948**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**ST. JOHN, CORE, FIORE & LEMME  
1601 FORUM PLACE, #701  
W. PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HARRELL, ARTHUR J**  
STREET ADDRESS **6285 RED CEDAR CIRCLE**  
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **V** ☐ Delete  
NAME **BANICK, PAUL J**  
STREET ADDRESS **6251 BLUE BANEERRY LANE**  
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **T** ☒ Delete  
NAME **DAVIS, JAMES**  
STREET ADDRESS **6307 WHITE SABAL PALM LANE**  
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **S** ☒ Delete  
NAME **PAYMAR, MIKE**  
STREET ADDRESS **6265 TALL CYPRESS CIRCLE**  
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **D** ☐ Delete  
NAME **ALFANO, TONY**  
STREET ADDRESS **6355 TALL CYPRESS CIRCLE**  
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **D** ☒ Delete  
NAME **OLSEN, LEVI**  
STREET ADDRESS **6223 RED CEDAR CIRCLE**  
CITY-ST-ZIP **GREENACRES, FL 33463**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
NAME **Harrell, Arthur J.**  
STREET ADDRESS **6285 Red Cedar Circle**  
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **D** ☒ Change ☐ Addition  
NAME **Banick, Paul J.**  
STREET ADDRESS **6251 Blue Baneberry Lane**  
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **P,T** ☐ Change ☒ Addition  
NAME **Howard, Virgil E.**  
STREET ADDRESS **6340 Tall Cypress Circle**  
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **S** ☐ Change ☒ Addition  
NAME **Susan Kalman**  
STREET ADDRESS **6225 Red Cedar Circle**  
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **D** ☐ Change ☒ Addition  
NAME **Stone, Marc**  
STREET ADDRESS **6303 White Sabal Palm Drive**  
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **D** ☐ Change ☒ Addition  
NAME **Matuella, Charles**  
STREET ADDRESS **6234 Red Cedar Circle**  
CITY-ST-ZIP **Greenacres, FL 33463**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Virgil E Howard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/05* *561 964-1582*  
Date Daytime Phone #