2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754968

FILED Feb 09, 2007 Secretary of State

Entity Name: THE BUTTONWOOD WEST ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3201 SILVER BUTTONWOOD DRIVE GREENACRES CITY, FL 33463 **Current Mailing Address: New Mailing Address:** 3201 SILVER BUTTONWOOD DRIVE GREENACRES CITY, FL 33463 FEI Number: 59-2066948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ST. JOHN, CORE, FIORE & LEMME 1601 FORUM PLACE, #701 W. 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DAVIS, JAMES R Name: Name: 6307 WHITE SABAL PALM LANE Address: Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: Title: () Delete () Change () Addition BANICK, PAUL J Name: Name: Address: 6251 BLUE BANEBERRY LANE Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change () Addition HARRELL, ARTHUR J Name: HARRELL, ARTHUR J Name: 6285 TALL CYPRESS CIRCLE 6285 RED CEDAR CIRCLE Address: Address: City-St-Zip: GREEN ACRES, FL 33463 City-St-Zip: GREEN ACRES, FL 33463 Title: () Delete Title: () Change () Addition KALMAN, SUSAN Name: Name: 6225 RED CEDAR CIRCLE Address: Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: Title: () Delete () Change () Addition SCATURRO, GEORGE Name: Name: 6308 TALL CYPRESS CIRCLE Address: Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: () Delete Title: (X) Change () Addition STONE, MARC PERRY, DONNA Name: Name: Address: 6303 WHITE SABAL PALM DRIVE Address: 6264 TALL CYPRESS GREENACRES, FL 33463 GREENACRES, FL 33463 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARTHUR J. HARRELL PRES 02/09/2007