2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 754968

Entity Name: THE BUTTONWOOD WEST ASSOCIATION, INC.

Current Principal Place of Business:

3201 SILVER BUTTONWOOD DRIVE
GREENACRES CITY, FL 33463

New Principal Place of Business:

Current Mailing Address:

3201 SILVER BUTTONWOOD DRIVE
GREENACRES CITY, FL 33463

New Mailing Address:

FEI Number: 59-2066948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title:	T	( ) Delete
Name:	DAVIS, JAMES R	
Address:	6307 WHITE SABAL PALM LANE	
City-St-Zip:	GREENACRES, FL 33463	
Title:	VP	( ) Delete
Name:	PERTY, DONNA	
Address:	6264 TALL CYPRESS CIRCLE	
City-St-Zip:	GREENACRES, FL 33463	
Title:	P	( ) Delete
Name:	HARRELL, ARTHUR J	
Address:	6285 RED CEDAR CIRCLE	
City-St-Zip:	GREEN ACRES, FL 33463	
Title:	S	( ) Delete
Name:	DICKEY, HELEN	
Address:	3161 SILVER BUTTTONWOOD DRIVE	
City-St-Zip:	GREENACRES, FL 33463	
Title:	D	( ) Delete
Name:	SCATURRO, GEORGE	
Address:	6308 TALL CYPRESS CIRCLE	
City-St-Zip:	GREENACRES, FL 33463	
Title:	D	( ) Delete
Name:	LAJOIE, RALPH	
Address:	6316 WHITE SABAL PALM LANE	
City-St-Zip:	GREENACRES, FL 33463	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	T	(X) Change ( ) Addition
Name:	PERRY, DAVID J	
Address:	6264 TALL CYPRESS CIRCLE	
City-St-Zip:	GREENACRES, FL 33463	
Title:	VP	(X) Change ( ) Addition
Name:	RUTOSKI, MARIANNE	
Address:	6281 TALL CYPRESS CIRCLE	
City-St-Zip:	GREENACRES, FL 33463	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 P 02/05/2009

Electronic Signature of Signing Officer or Director — Date