


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90059 036 ****61.25

DOCUMENT # 770466 1. Entity Name BUTTONWOOD PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business % DEBRA LANE, CPA 681 S.E. DEGAN DRIVE PORT ST. LUCIE, FL 34983-2720			Mailing Address % DEBRA LANE, CPA 681 S.E. DEGAN DRIVE PORT ST. LUCIE, FL 34983-2720		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BODEM, LOREN E. 815 COLORADO AVE. #305 STUART, FL 33497			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DS <input checked="" type="checkbox"/> Delete		TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURPHY, SANDRA		NAME	James Murphy	
STREET ADDRESS	1701 NE OCEAN BLVD., #403		STREET ADDRESS	1701 NE Ocean Blvd #403	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	Stuart, FL 34996	
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPUTO, FRANK		NAME		
STREET ADDRESS	1701 NE OCEAN BLVD 103		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMONS, JANA		NAME		
STREET ADDRESS	1704 NE OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAHEEN, MANNY		NAME	Christine Shaheen	
STREET ADDRESS	1701 NE OCEAN BLVD		STREET ADDRESS	1701 NE Ocean Blvd	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP	Stuart, FL 34996	
TITLE	VPD <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARWOOD, JOHN		NAME	John Garwood	
STREET ADDRESS	7501 W CYRESSHEAD DR		STREET ADDRESS	7501 W Cypresshead Dr.	
CITY-ST-ZIP	PARKLAND, FL 33067		CITY-ST-ZIP	Parkland, FL 33067	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Jana Simons</u> <u>Jana Simons</u> <u>4/29/07</u> <u>772-834-5887</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					