2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 770466

Entity Name: BUTTONWOOD PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% DEBRA LANE, CPA
681 S.E. DEGAN DRIVE
PORT ST.LUCIE, FL 349832720

New Principal Place of Business:

1701 NE OCEAN BLVD
STUART, FL 34996

Current Mailing Address:

% DEBRA LANE, CPA
681 S.E. DEGAN DRIVE
PORT ST.LUCIE, FL 349832720

New Mailing Address:

FEI Number: 59-2331050 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BODEM, LOREN E.
815 COLORADO AVE. #305
STUART, FL 33497 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: DP ( ) Delete
Name: MURPHY, JAMES
Address: 1701 NE OCEAN BLVD., #403
City-St-Zip: STUART, FL 34996

Title: DVP ( ) Delete
Name: CAPUTO, FRANK
Address: 1701 NE OCEAN BLVD 103
City-St-Zip: STUART, FL 34996

Title: TD ( ) Delete
Name: SIMONS, JANA
Address: 1704 NE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: DS ( ) Delete
Name: SHAHEEN, CHRISTINE
Address: 1701 NE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: D ( ) Delete
Name: GARWOOD, JOHN
Address: 7501 W CYRESSHEAD DR
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: CAPUTO, FRANK
Address: 1701 NE OCEAN BLVD #304
City-St-Zip: STUART, FL 34996

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: SHAHEEN, CHRISTINE
Address: 1701 NE OCEAN BLVD #204
City-St-Zip: STUART, FL 34996

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: JANA SIMONS TD 04/23/2009

Electronic Signature of Signing Officer or Director — Date