

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24234

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** BUTTONWOOD OF BAY FOREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

350 BAY FOREST DR.  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

15087 ROYAL FERN COURT  
#100  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 65-0039089      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUTTONWOOD OF BAY FOREST CONDO. ASSOC. INC  
C/O TAMIAMI PROPERTY MANAGEMENT  
15087 ROYAL FERN CT #100  
NAPLES, FL 34110 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: P/D ( ) Delete  
Name: CUMMINGS, LINDA  
Address: 15087 ROYAL FERN CT #100  
City-St-Zip: NAPLES, FL 34110

Title: V/D ( ) Delete  
Name: DEAN, BILL  
Address: 15087 ROYAL FERN CT #100  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: WEIBEL, PAUL  
Address: 15087 ROYAL FERN CT #100  
City-St-Zip: NAPLES, FL 34110

Title: M ( ) Delete  
Name: WHITE, ROBERT E  
Address: 15087 ROYAL FERN CT #100  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: HOPKINS, JENNIFER  
Address: 15087 ROYAL FERN CT #100  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change ( ) Addition  
Name: WHITE, ROBERT E  
Address: 15087 ROYAL FERN CT #100  
City-St-Zip: NAPLES, FL 34110

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: ROBERT WHITE

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date