


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90031 047 \*\*\*\*61.25

<b>DOCUMENT # N25271</b> 1. Entity Name <b>BUTTONWOOD BAY MOBILE HOME OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business 1001 US 27 S SEBRING, FL 33875 US			Mailing Address JANET CORSAR 39 TARPON DR SEBRING, FL 33875-6220 US		
2. Principal Place of Business <b>10001 US 27 S</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0049723</b>	
Zip <b>33870-2170</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCOLLUM, JAMES F. 129 S. COMMERCE AVENUE SEBRING, FL 33870</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number 's Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P INGLER, RICK 313 SPOONBILL DR SEBRING, FL 338756220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORSAR, JANET 39 TARPON DR SEBRING, FL 338756220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FINN, DOUG 211 BUTTONWOOD DR SEBRING, FL 338756220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTELL, AUDREY 7 BARRACUDA DR SEBRING, FL 338756002	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SILVER, BOB 323 BOBWHITE DR SEBRING, FL 338756220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JAN 414 BOBWHITE DR SEBRING, FL 338756220	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JAN 414 BOBWHITE DR SEBRING, FL 338756220	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Jan Jones</u> <u>Jan Jones</u> <u>2/6/06</u>					

# ATTACHMENT

40011378

Title:  
Name  
Street Address  
City, St, ZIP

D  
Gibbs, Daryl  
10000 Red Bud Ln  
Sebring, FL 33875-6253

#N25271

Title:  
Name  
Street Address  
City, St, ZIP

D  
Grabowski, Don  
555 Redwood Ln  
Sebring, FL 33875-6225

Title:  
Name  
Street Address  
City, St, ZIP

D  
Huddleston, Joyce  
9835 Swan Dr  
Sebring, FL 33875-6293

Title:  
Name  
Street Address  
City, St, ZIP

D  
Miller, Kent  
526 Cottonwood Dr  
Sebring, FL 33875-6218

Title:  
Name  
Street Address  
City, St, ZIP

D  
Albecker, Ursula  
314 Skylark Dr  
Sebring FL 33875-6230