


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90100 007 ****61.25

| | | | |
|---|--|--|---|
| DOCUMENT # N25271 | |  | |
| 1. Entity Name BUTTONWOOD BAY MOBILE HOME OWNER'S ASSOCIATION, INC. | | | |
| Principal Place of Business 1004 US 27 S SEBRING, FL 33875 US | | Mailing Address JANET CORSAR 39 TARPON DR SEBRING, FL 33875-6220 US | |
| 2. Principal Place of Business - No P.O. Box # 10001 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 33876 | Country | Zip | Country |
| 4. FEI Number 65-0049723 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCCOLLUM, JAMES F. 129 S. COMMERCE AVENUE SEBRING, FL 33870 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | Zip Code | |
| 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 re-registering) DATE _____ | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete P INGLER, RICK 313 SPOONBILL DR SEBRING, FL 338756237 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete S CORSAR, JANET 39 TARPON DR SEBRING, FL 338756237 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete V FINN, DOUG 211 BUTTONWOOD DR SEBRING, FL 338756237 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 231 Redwood DR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete T MARTELL, AUDREY 7 BARRACUDA DR SEBRING, FL 338756237 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete D SILVER, BOB 323 BOBWHITE DR SEBRING, FL 338756237 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete J JONES, JAN 414 BOBWHITE DR SEBRING, FL 338756237 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President |
| 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>Jan Jones</u> JAN JONES, PRES <u>1/23/07</u> <u>863-655-5319</u> | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

ATTACHMENT

60009570

N25271

Title: D
Name: Gibbs, Daryl
Street Address: 10000 Red Bud Ln
City, St, ZIP Sebring, FL 33875-6253

Title: D
Name: Martin, Frank
Street Address: 9824 Pheasant Run
City, St, ZIP Sebring, FL 33875

Title: D
Name: Moeslein, George
Street Address: 4329 Skipper Rd
City, St, ZIP Sebring, FL 33875

Title: D
Name: Williams, Ed
Street Address: 437 Whip Poor Will Dr
City, St, ZIP Sebring, FL 33875

Title: D
Name: Huddleston, Joyce
Street Address: 9835 Swan Ln
City, St, ZIP Sebring, FL 33875-6293

Title: D
Name: Kennedy, Bill
Street Address: 756 Whip Poor Will Dr
City, St, ZIP Sebring, FL 33875