
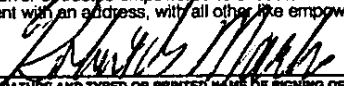


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90014 030 \*\*\*\*61.25

<b>DOCUMENT # N25271</b>			
1. Entity Name <b>BUTTONWOOD BAY MOBILE HOME OWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>10001 US 27 S SEBRING, FL 33876 US</b>		Mailing Address <b>JANET CORSAR 39 TARPON DR SEBRING, FL 33875-6220 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>Joe Price</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>234 Swan Dr.</b>	
City & State		City & State <b>Sebring - FL</b>	
Zip	Country	Zip	Country
		<b>33875</b>	<b>Highlands</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MCCOLLUM, JAMES F. 129 S. COMMERCE AVENUE SEBRING, FL 33870</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLER, RICK	NAME	JONES, JAN
STREET ADDRESS	313 SPOONBILL DR	STREET ADDRESS	414 BOB WHITE DR
CITY-ST-ZIP	SEBRING, FL 338756237	CITY-ST-ZIP	SEBRING, FL 33875-6237
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSAR, JANET	NAME	BOB MARKS
STREET ADDRESS	39 TARPON DR	STREET ADDRESS	414 WHIPPOORWILL DR
CITY-ST-ZIP	SEBRING, FL 338756237	CITY-ST-ZIP	SEBRING, FL 33875-6237
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINN, DOUG	NAME	ED WILLIAMS
STREET ADDRESS	231 REDWOOD DR	STREET ADDRESS	437 WHIPPOORWILL DR
CITY-ST-ZIP	SEBRING, FL 338756237	CITY-ST-ZIP	SEBRING, FL 33875-6237
TITLE	T <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTELL, AUDREY	NAME	JOE PRICE
STREET ADDRESS	7 BARRACUDA DR	STREET ADDRESS	234 SWAN DR
CITY-ST-ZIP	SEBRING, FL 338756237	CITY-ST-ZIP	SEBRING, FL 33875-6237
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	
NAME	JONES, JAN	NAME	
STREET ADDRESS	414 BOBWHITE DR	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 338756237	CITY-ST-ZIP	
TITLE		TITLE	
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 the empowered.			
SIGNATURE: 		Date: <b>2/4/08</b> Daytime Phone #: <b>863.665.7474</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40024433



01272008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0049723 -**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**