
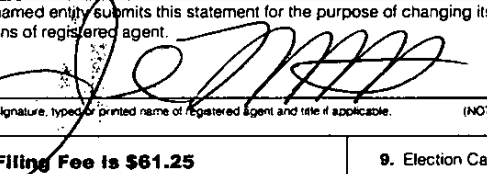
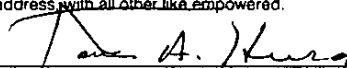


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

50048368

<b>DOCUMENT # N33073</b>			
1. Entity Name <b>BUTTONBUSH VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US</b>		Mailing Address <b>12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>NFARY, MICHAEL E. 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990</b>		7. Name and Address of New Registered Agent <b>Jane Cornett Cornett, Gooze &amp; Associates, PA 401 East Osceola St., 1st Floor Stuart, FL 34994</b>	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <b>4-21-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		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	DP HYDOK, JOSEPH T 1494 WILD OLIVE CT PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D, P HURD, James 13300 Maplewood Rd. Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS HURD, JAMES 13300 MAPLEWOOD RD PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	KRON, Philip DIT 1499 Wild Olive Ct. Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TADDEI, LYNNE 13329 MAPLEWOOD ROAD PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D, S    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NELSON, DIANE 1511 BUTTONBUSH CIRCLE PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Russell, Susan D 13304 Maplewood Rd. Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D, VP YARVIS, Louise 1547 Buttonbush Cir Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	    <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROCKOB, Albert 1549 Buttonbush Cir Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/11/05</b> Daytime Phone #	