



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90020 039 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N33073</b><br>1. Entity Name<br><b>BUTTONBUSH VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>12600 NW HARBOUR RIDGE BLVD<br/>PALM CITY, FL 34990 US</b>   |  |   | Mailing Address<br><b>12600 NW HARBOUR RIDGE BLVD<br/>PALM CITY, FL 34990 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |  |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country  |   | 04182008    Chg-NP      CR2E037 (12/06)  |  |
| 4. FEI Number<br><b>65-0150812</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CORNETT, JANE<br/>401 E. OSCEOLA ST., 1ST FLOOR<br/>STUART, FL 34994</b>  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>HURD, JAMES<br>13300 MAPLEWOOD RD<br>PALM CITY, FL 34990        | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>KRON, PHILIP<br>1499 WILD OLIVE CT<br>PALM CITY, FL 34990        | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RUSSELL, SUSAN<br>13304 MAPLEWOOD RD<br>PALM CITY, FL 34990       | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>YARVIS, LOUISE<br>1547 BUTTONBUSH CIRCLE<br>PALM CITY, FL 34990 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>BROCKOB, ALBERT<br>1549 BUTTONBUSH CIRCLE<br>PALM CITY, FL 34990 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DS<br>KURTS, SALLY<br>13335 MAPLEWOOD RD<br>PALM CITY, FL 34990        | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <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 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> <i>Albert E. Brockob</i> <b>ALBERT E. BROCKOB</b> 4-22-08    336-2100    (772)   |  |   |   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>   |  |   |   |  |  |