

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90122 039 \*\*\*\*61.25

<b>DOCUMENT # N37213</b> 1. Entity Name BUTTONWOOD HARBOR PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4700 RANDAG DR. N. FT MYERS, FL 33903 US			Mailing Address PROFESSIONAL YOURS, INC. PO BOX 10831 CAPE CORAL, FL 33910-0831 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>C/o Rossman Prop. Mgmt.</i> Suite, Apt. #, etc. <i>1104 SE 46th Lane #2</i>			
Suite, Apt. #, etc.		City & State <i>Cape Coral, FL</i>		4. FEI Number 65-0186892	
City & State		Zip <i>33904</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  TEAGUE, GEORGE 2503 DEL PRADO BLVD #500 CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name <i>Michelle Rossman CAM</i> Street Address (P.O. Box Number is Not Acceptable) <i>Rossman Property Mgmt.</i> <i>1104 SE 46th Lane #2</i> City <i>Cape Coral</i> FL Zip Code <i>33904</i>		
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 <i>Michelle Rossman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>4/19/08</i> <small>(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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOTTER, RONALD 12621 PANASOFFKEE DR. NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HESS, JACK 12600 APOPKA CT NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HELPER, CINDY 12610 APOPKA CT NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
SIGNATURE: <i>Ron Stotter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>4/19/08</i> 239-443-1091 <small>Daytime Phone #</small>		

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