

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44646

FILED
Apr 02, 2009
Secretary of State

Entity Name: BUTTERKNIFE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2143 STARFISH LANE
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

14241 METROPOLIS AVENUE
SUITE 100
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0342056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. / JOS. E. ADAMS
14241 METROPOLIS AVE.
SUITE 100
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OSPA, JOEL D
Address: 2154 STARFISH LANE
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: BAUER, DONALD
Address: 2190 STARFISH LANE
City-St-Zip: SANIBEL, FL 33957

Title: T () Delete
Name: SOUSA, PATTI
Address: 2143 STARFISH LN
City-St-Zip: SANIBEL, FL 33957

Title: VSD () Delete
Name: LEONARD, VIVIAN
Address: 2311 STARFISH LANE
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: SULLIVAN, MELISSA
Address: 2275 STARFISH LANE
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: SOUSA, GEORGE
Address: 2143 STARFISH LN.
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOULAIT, PATRICIA
Address: 2179 STARFISH LANE
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL OSPA

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date