

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 12: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000806 (0)

1. Corporation Name

BUTTONWOOD KEY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/11/1993	3a. Date of Last Report 06/16/1994
4. FEI Number 65-0394111	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
3339 STRINGFELLOW RD ST JAMES CITY FL		PO BOX 677 ST JAMES CITY FL 33956	
2. Principal Place of Business	2a. Mailing Address	21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29	31	32

9. Name and Address of Current Registered Agent

MCKENZIE, CHARLES
3339 STRINGFELLOW BLVD
ST JAMES CITY FL 33956

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	P
NAME	MCKENZIE, CHARLES	12 NAME	
STREET ADDRESS	2301 8TH AVE	13 STREET ADDRESS	
CITY - ST - ZIP	ST JAMES CITY FL 33956	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	
NAME	LEWIS, RICHARD L	22 NAME	
STREET ADDRESS	4512 HEATHER CIRCLE	23 STREET ADDRESS	2988 BUTTONWOOD ST.
CITY - ST - ZIP	ST JAMES CITY FL	24 CITY - ST - ZIP	ST. JAMES CITY, FL 33956
TITLE	D	31 TITLE	S/T
NAME	MCKENZIE, WENDY K	32 NAME	
STREET ADDRESS	2301 8TH AVE	33 STREET ADDRESS	
CITY - ST - ZIP	ST JAMES CITY FL 33956	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles B. M. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Apr 95

813-783-5428