
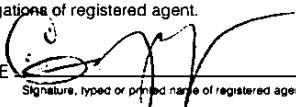
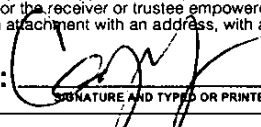


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90053 013 \*\*\*\*61.25

<b>DOCUMENT # N93000000806</b> 1. Entity Name <b>BUTTONWOOD KEY ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 121 SAINT JAMES CITY, FL 33956 US</b>			Mailing Address <b>PO BOX 121 ST JAMES CITY, FL 33956</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0394111</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MYERS, SCOTT 2916 BUTTONWOOD KEY CT SAINT JAMES CITY, FL 33956</b>				7. Name and Address of New Registered Agent Name <b>Carl Jervis</b> Street Address (P.O. Box Number is Not Acceptable) <b>2940 Buttonwood Key Ct</b> City <b>St James City</b> <b>FL</b> Zip Code <b>33956</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  DATE <b>1/15/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (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>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME STORNELLO, ROSS STREET ADDRESS 2968 BUTTONWOOD KEY CT CITY-ST-ZIP SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete		TITLE PD NAME WENTZ, James STREET ADDRESS PO BOX 227 CITY-ST-ZIP St James City, FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SNYDER, GENE STREET ADDRESS 2892 BUTTONWOOD KEY COURT CITY-ST-ZIP ST JAMES CITY, FL 33956	<input type="checkbox"/> Delete		TITLE D NAME Jervis, Carl STREET ADDRESS 2940 Buttonwood Key Ct CITY-ST-ZIP St James City, FL 33956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MYERS, SCOTT STREET ADDRESS 2916 BUTTONWOOD KAY CT CITY-ST-ZIP SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete		TITLE T NAME Astle, Mike STREET ADDRESS 2960 Buttonwood Key Ct CITY-ST-ZIP St James City, FL 33956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME WENTZ, JAMES STREET ADDRESS PO BOX 227 CITY-ST-ZIP SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete		TITLE DS NAME Carl Jervis Sharon Astle STREET ADDRESS 2960 Buttonwood Key Ct CITY-ST-ZIP St James City, FL 33956	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ASTLE, MICHAEL STREET ADDRESS 2960 BUTTONWOOD KEY CT. CITY-ST-ZIP SAINT JAMES CITY, FL 33956	<input checked="" type="checkbox"/> Delete		TITLE D NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Delete		TITLE [Blank] NAME [Blank] STREET ADDRESS [Blank] CITY-ST-ZIP [Blank]	<input type="checkbox"/> Change <input 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.					
SIGNATURE: 			1/15/08 239-246-7887		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		