

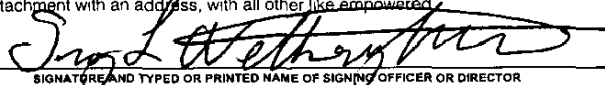


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90043 044 ****61.25

DOCUMENT # N94000006029 1. Entity Name BUTTONWOOD HAMMOCK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1800 SOUTH AUSTRALIAN AVE. SUITE 400 W PALM BEACH, FL 33409			Mailing Address 4000 S. 57TH AVE SUITE 101 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box # c/o Integrity Property Mgt Suite, Apt. #, etc. 953 University Dr City & State Coral Springs FL Zip 33071		3. Mailing Address c/o Integrity Property Mgt Suite, Apt. #, etc. 953 University Dr City & State Coral Springs FL Zip 33071		4. FEI Number 65-0582095	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTTON WOOD HAMMOCKS Integrity Property Mgt. Inc. 953 University Drive Coral Springs, FL 33071				7. Name and Address of New Registered Agent Name Integrity Property Mgt. Street Address (P.O. Box Number is Not Acceptable) 953 University Dr City Coral Springs FL Zip Code 33071	
I am familiar with, and accept the obligations of registered agent, purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/2/08			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEMATTIA, AURELIO G 1817 NW 49TH AVE. COCONUT CREEK, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEGAL, BOBBE BARBARA 1917 NW 49TH AVE COCONUT CREEK, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WETHERINGTON, TROY 4809 NW 20TH PL COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIS, BUNNIE 2110 NW 48TH AVE. COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAFARD CARABO, JENNIFER 2006 NW 48TH AVE COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD SILL 4717 N.W. 21ST COURT COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  4/2/08 954 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Daytime Phone # 386-0677					