

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006029

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** BUTTONWOOD HAMMOCK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRITY PROPERTY MGMT  
953 UNIVERSITY DR.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

C/O INTEGRITY PROPERTY MGMT  
953 UNIVERSITY DR.  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 65-0582095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTEGRITY PROPERTY MGMT  
953 UNIVERSTIY DR.  
CORAL SPRINGS, FL 33071 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: DVP (X) Delete  
Name: DEMATTIA, AURELIO G  
Address: 1817 NW 49TH AVE.  
City-St-Zip: COCONUT CREEK, FL

Title: DT ( ) Delete  
Name: SEGAL, BARBARA  
Address: 1917 NW 49TH AVE  
City-St-Zip: COCONUT CREEK, FL

Title: DVP ( ) Delete  
Name: WETHERINGTON, TROY  
Address: 4809 NW 20TH PL  
City-St-Zip: COCONUT CREEK, FL 33063

Title: DS ( ) Delete  
Name: WILLIS, BUNNIE  
Address: 2110 NW 48TH AVE.  
City-St-Zip: COCONUT CREEK, FL 33063

Title: DP ( ) Delete  
Name: CARARD, JENNIFER  
Address: 2006 NW 48TH AVE  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D ( ) Delete  
Name: SILL, RICHARD  
Address: 4717 NW 21ST COURT  
City-St-Zip: COCONUT CREEK, FL 33063

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

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: JENNIFER CAFARO

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date