2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2012
Secretary of State

DOCUMENT# N94000006029

Entity Name: BUTTONWOOD HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRITY PROPERTY MGMT
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRITY PROPERTY MGMT
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076

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
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 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: DT
Name: SEGAL, BARBARA
Address: 5665 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DP
Name: WETHERINGTON, TROY
Address: 5665 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DS
Name: WILLIS, BUNNIE
Address: 5665 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DVP
Name: CAFAVO, JENNIFER
Address: 5665 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D
Name: SILL, RICHARD
Address: 5665 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SEGAL PD 04/05/2012

Electronic Signature of Signing Officer or Director — Date