2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000001466

BUTTONWOOD COURT OWNERS' ASSOCIATION, INC.



FILED Mar 16, 2006 08:00 AM Secretary of State

Principal Place of Business

3371 DONALD AVE KEY WEST, FL 33040 Mailing Address

P.O. BOX 5891 KEY WEST, FL 33045-5891



01122006 No Chg-NP

CR2E037 (11/05)

| 4. | FEI Number |
|----|------------|
| | 65-0826016 |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

COOK, MITCHELL J ESQ. 3706 N. ROOSEVELT BLVD., STE. 1

DO NOT WRITE

| KEY WEST, FL 33040 | | | IN THIS SPACE | | |
|---------------------------------------|--|---|--------------------------------|--|--|
| | named entity submits this statement (or the plions of registered agent. | ourpose of changing its registered office o | r registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered egent and title | il applicable. (NOTE: Registered Agent signs: | ura required when reinstating) | DATE | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | · | |
| 10. | OFFICERS AND DIREC | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP WEATHERHEAD, JAN M 3371 DONALD AVE KEY WEST, FL 33040 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GREEN, SANDRA S 1901 S ROOSEVELT BLVD 208N KEY WEST, FL 33040 | | | ზიიიი469540 მკ/27/06-80004-001 61.25 | |
| TITLE NAME STREET ADDRESS CTIY-ST-ZIP | DVP GROSSMAN, NADENE 3303 DONALD AVE KEY WEST, FL 33040 | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS COLEMAN, TANYA 3323 DONALD AVE KEY WEST, FL 33040 | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | · · · · · · · · · · · · · · · · · · · | |
| TITLE | | | | | |

12. Thereby certify that the information supplied with this filling 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 to changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE

Date

Deprime Prioris 2

STREET ADDRESS