2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P98000009990 DOCUMENT

1. Entity Name

BUTTONWOOD COTTAGES, INC.



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90186 027 ***150.00

					A COO WE	IN STATE OF THE PARTY OF THE PA					
Principal Place of Business 1234 BUTTONWOOD LN SANIBEL FL 33957		Mailing Address 1879 WOODSING FF. NOAD SANIBEL FL 23957									
2. Principal Place of Business		3. Mailing Address 1234 Buttonwood L				110		III: BBIII: BBIII BB		19ált 20lf 100t	
Suite, Apt.	#, etc.	1	e, Apt. #, etc.	.,,,,,			☐ CHECK HERE	IF MAKING	CHANGES		
City & State		Sity & State Sanibel Flo			orida 4. F		4. FEI Number 65-0810084	65-0810084		Applied For Not Applicable	
Zip	Country	3ip	3957	Coun			5. Certificate of Status Desired		8.75 Add]
	6. Name and Address of Current I	Register	ed Agent				7. Name and Address of New R	egistered Ag	jent		1
		i			Name-	<u></u>	الله داد باد ما مالوج بالزرائي	43 °L - 127		-, +]
CARRINGTON, LYNN D								<u> </u>			}
1878 WOODRING PT. ROAD					Street Ad	ldress (P.	O. Box Number is Not Acceptable)			
	ISLAND FL 33957						· ····				1
SAMUEL	13LAND 1 L 33331								· · · · · · · · · · · · · · · · · · ·		1
					City			FL	Zip Cod	e	
8 The above	named entity submits this statement for	the nurr	ose of changing its	register	ed office or i	registeren	Lagent, or both, in the State of Eld	rida. Lam fa	I. miliar with.	and accept	1
	tions of registered agent.	ine purp	occor or or all girlig ite	rogiotori	ou omoo or	ogiotorot	augorit, or outin, in the otale of the				
											l
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if app	olicable. (NOT	E: Registere	d Agent signatur	e required w	hen reinstating)	DATE			
			T			<u> </u>					-
•	ILE NOW!!! FEE IS \$150.00						9. Election Campaign Fir	ancing	\$5.0	0 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			Chaha				Trust Fund Contributio	n. 🗆 🔲		to Fees	
	· · · · · · · · · · · · · · · · · · ·		<u></u>							0.01.44	┦
10.	OFFICERS AND	DIRECTO		11.	- 1		ADDITIONS/CHANGES TO OFF				16
TITLE	PSTD CARRIAGEON LIVIN D		☐ Delete	TITL	ŀ				Change	Addition	(10/02
NAME	CARRINGTON, LYNN D 572 KINZIE ISLAND COURT			NAM	- i						1 -
STREET ADDRESS	SANIBEL ISLAND FL 33957				ET ADDRESS						100
CITY-ST-ZIP				_	- ST-ZIP						1 2
TITLE	VD		☐ Delete	TITL					Change	☐ Addition	Ç
NAME	CARRINGTON, EDWARD V			NAM							
STREET ADDRESS	572 KINZIE ISLAND COURT				ET ADDRESS						
CITY-ST-ZIP	SANIBEL ISLAND FL 33957			-	-ST-ZIP						-
\TITLE]		☐ Delete	TITL			and the second of the second o		Change	Addition	
NAME		۔ ۔ ڪ			E ~=	*	er og med kamer ett er i er i 1770.	-			1
STREET ADDRESS					ET ADDRESS - ST-ZIP						
CITY-ST-ZIP				_						—	-
TITLE	,		☐ Delete	TITL					Change Change	Addition	
MALIC				■ NASA							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 effort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

1 (11)

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

FICER OR DIRECTOR

☐ Delete

Delete

Date

Daytime Phone #

☐ Change

Change

☐ Addition

Addition