

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

2-15-95 B-1244-C

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monrath  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **747521** (3)  
1. Corporation Name  
**THE BUTTONWOOD HOME OWNERS' ASSOCIATION, INC.**

95 FEB 15 PH 3: 12

Principal Place of Business Mailing Address  
**3370 SHADOW WOOD DRIVE LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/05/1979** 3a. Date of Last Report **03/01/1994**  
4. FEI Number **59-1941313** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip  
24. Country 25. **Palm Beach** 29. Country 30. **Palm Beach**

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GELFAND, MICHAEL J**  
**250 AUSTRALIAN AVE., S.**  
**ONE CLEARLAKE CENTRE, STE. 1010**  
**WEST PALM BCH FL 33401**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DVP
NAME	GARSTEN, RICHARD (MAC)
STREET ADDRESS	3370 SHADOW WOOD DR.
CITY - ST - ZIP	GREENACRES FL
TITLE	DT
NAME	SPIRO, ROBERT
STREET ADDRESS	3370 SHADOW WOOD DR.
CITY - ST - ZIP	GREENACRES FL
TITLE	DS
NAME	LAMPE, WILLIAM O <b>DELETE</b>
STREET ADDRESS	3370 SHADOW WOOD DR.
CITY - ST - ZIP	GREEN ACRES CTY FL
TITLE	DVAS
NAME	FREED, ISIAH (SHY)
STREET ADDRESS	3370 SHADOW WOOD DR
CITY - ST - ZIP	GREEN ACRES CTY FL
TITLE	D
NAME	KOCH, CHARLES
STREET ADDRESS	3370 SHADOW WOOD DR
CITY - ST - ZIP	GREEN ACRES CTY FL
TITLE	D
NAME	LITTMAN, JEROME <b>DELETE</b>
STREET ADDRESS	3370 SHADOW WOOD DR.
CITY - ST - ZIP	GREENACRES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harry A. Kessler
1.3 STREET ADDRESS	3370 Shadow Wood Drive
1.4 CITY - ST - ZIP	Greenacres, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elza Ingraham
3.3 STREET ADDRESS	3370 Shadow Wood Drive
3.4 CITY - ST - ZIP	Greenacres, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Harold L. Sher
6.3 STREET ADDRESS	3370 Shadow Wood Drive
6.4 CITY - ST - ZIP	Greenacres, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Harry A. Kessler*  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-95

107-068-7555