

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified **06/05/1979** 3a. Date of Last Report **02/15/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1941313** Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No **No Tax Due**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARSTEN, RICHARD (MAC)	1.2 NAME	McCabe, John
STREET ADDRESS	3370 SHADOW WOOD DR.	1.3 STREET ADDRESS	3370 Shadow Wood Dr.
CITY-ST-ZIP	GREENACRES FL	1.4 CITY-ST-ZIP	Greenacres, FL
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIRO, ROBERT	2.2 NAME	Klein, Alexander
STREET ADDRESS	3370 SHADOW WOOD DR.	2.3 STREET ADDRESS	3370 Shadow Wood Dr.
CITY-ST-ZIP	GREENACRES FL	2.4 CITY-ST-ZIP	Greenacres, FL
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAHAM, ELZA	3.2 NAME	Cummings, Gerald
STREET ADDRESS	3370 SHADOW WOOD DR.	3.3 STREET ADDRESS	3370 Shadow Wood Dr.
CITY-ST-ZIP	GREEN ACRES CTY FL	3.4 CITY-ST-ZIP	Greenacres, FL
TITLE	DVAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREED, ISAIAH (SHY)	4.2 NAME	Freed, Isaiah (Shy)
STREET ADDRESS	3370 SHADOW WOOD DR	4.3 STREET ADDRESS	3370 Shadow Wood Dr.
CITY-ST-ZIP	GREEN ACRES CTY FL	4.4 CITY-ST-ZIP	Greenacres, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, CHARLES	5.2 NAME	Elkind, Rodney
STREET ADDRESS	3370 SHADOW WOOD DR	5.3 STREET ADDRESS	3370 Shadow Wood Dr.
CITY-ST-ZIP	GREEN ACRES CTY FL	5.4 CITY-ST-ZIP	Greenacres, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHER, HAROLD L.	6.2 NAME	Sher, Harold L.
STREET ADDRESS	3370 SHADOW WOOD DR.	6.3 STREET ADDRESS	3370 Shadow Wood Dr.
CITY-ST-ZIP	GREENACRES FL	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 119.07(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 address.

SIGNATURE: Elza L. Ingraham Date: 04/09/96 407-968-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date De/Inis Phone #

CR2E037 (12/95)