


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747521 (3)
 1. Corporation Name
THE BUTTONWOOD HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business 3370 SHADOW WOOD DRIVE LAKE WORTH FL 33463	Mailing Address 3370 SHADOW WOOD DRIVE LAKE WORTH FL 33463-2442
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/05/1979	3a. Date of Last Report 04/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1941313	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
 GELFAND, MICHAEL J
 250 AUSTRALIAN AVE., S.
 ONE CLEARLAKE CENTRE, STE. 1010
 WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	JOHN MCCABE	
STREET ADDRESS	3370 SHADOW WOOD DRIVE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER KLEIN	
STREET ADDRESS	3370 SHADOW WOOD DRIVE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	INGRAHAM, ELZA	
STREET ADDRESS	3370 SHADOW WOOD DR.	
CITY-ST-ZIP	GREEN ACRES CTY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ISAIAH FREED	
STREET ADDRESS	3700 SHADOW WOOD DRIVE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODNEY ELKIND	
STREET ADDRESS	3370 SHADOW WOOD DRIVE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAROLD L SHER	
STREET ADDRESS	3370 SHADOW WOOD DRIVE	
CITY-ST-ZIP	GREENACRES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John McCabe	
1.3 STREET ADDRESS	3370 Shadow Wood Drive	
1.4 CITY-ST-ZIP	Greenacres, FL 33463	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alexander Klein	
2.3 STREET ADDRESS	3370 Shadow Wood Drive	
2.4 CITY-ST-ZIP	Greenacres, FL 33463	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gerald Lieberman	
3.3 STREET ADDRESS	3370 Shadow Wood Drive	
3.4 CITY-ST-ZIP	Greenacres, FL 33463	
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	D/V/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rodney Elkind	
5.3 STREET ADDRESS	3370 Shadow Wood Drive	
5.4 CITY-ST-ZIP	Greenacres, FL 33463	
6.1 TITLE	D/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Eleanor Holliday	
6.3 STREET ADDRESS	3370 Shadow Wood Drive	
6.4 CITY-ST-ZIP	Greenacres, FL 33463	

14. I do 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 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: John McCabe DATE: 2/4/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

561)968-7555
 Daytime Phone # 0043852