

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 3370 SHADOW WOOD DRIVE LAKE WORTH FL 33463 | Mailing Address 3370 SHADOW WOOD DRIVE LAKE WORTH FL 33463 | 3. Date Incorporated or Qualified 06/05/1979 |
| | | 4. FEI Number 59-1941313 |
| | | Applied For Not Applicable |

| | | |
|--|--|--|
| 2. Principal Place of Business 21 same | 2a. Mailing Address 26 same | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Suite, Apt. #, etc 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State 23 Greenacres, FL | City & State 28 Greenacres, FL | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No mja |
| Zip 24 33463 | Country 25 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No mja |
| Zip 29 33463 | Country 30 | |

| | | | | | |
|--|--|--|--|---|-----------------------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DVA <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN MCCABE | 1.2 NAME | |
| STREET ADDRESS | 3370 SHADOW WOOD DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENACRES FL 33463 | 1.4 CITY-ST-ZIP | |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALEXANDER KLEIN | 2.2 NAME | Harry A. Kessler |
| STREET ADDRESS | 3370 SHADOW WOOD DRIVE | 2.3 STREET ADDRESS | 3370 Shadow Wood Dr. |
| CITY-ST-ZIP | GREENACRES FL | 2.4 CITY-ST-ZIP | Greenacres, FL 33463 |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | INGRAHAM, ELZA | 3.2 NAME | Richard M. Garsten |
| 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 33463 |
| TITLE | DVP <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ISAIAH FREED | 4.2 NAME | Robert W. Spiro |
| STREET ADDRESS | 3700 SHADOW WOOD DRIVE | 4.3 STREET ADDRESS | 3370 Shadow Wood Dr. |
| CITY-ST-ZIP | GREENACRES FL | 4.4 CITY-ST-ZIP | Greenacres, FL 33463 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RODNEY ELKIND | 5.2 NAME | Harold L. Sher |
| STREET ADDRESS | 3370 SHADOW WOOD DRIVE | 5.3 STREET ADDRESS | 3370 Shadow Wood Dr. |
| CITY-ST-ZIP | GREENACRES FL | 5.4 CITY-ST-ZIP | Greenacres, FL 33463 |
| TITLE | DAS <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLIDAY, ELEANOR | 6.2 NAME | |
| STREET ADDRESS | 3370 SHADOW WOOD DRIVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENACRES FL | 6.4 CITY-ST-ZIP | |

14. 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 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: *Harry A. Kessler* **HARRY A. KESSLER** (561) 968-7555

CFR2E037 (10/97)