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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747521

1. Corporation Name
THE BUTTONWOOD HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business
 3370 SHADOW WOOD DRIVE
 GREENACRES FL 33463
 US

Mailing Address
 3370 SHADOW WOOD DRIVE
 GREENACRES FL 33463
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/05/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1941313	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

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	250 South AUSTRALIAN AVENUE		
				84	City		
				85	Zip Code		
					FL 33401-5014		

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: *[Signature]* DATE: 2/22/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHN MCCABE			1.2 NAME	Alexander Klein		
STREET ADDRESS	3370 SHADOW WOOD DRIVE			1.3 STREET ADDRESS	6259 Lakemont Circle		
CITY-ST-ZIP	GREENACRES FL 33463			1.4 CITY-ST-ZIP	Greenacres, FL 33463		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KESSLER, HARRY A			2.2 NAME	Daphne L. Herbert		
STREET ADDRESS	3370 SHADOW WOOD DR			2.3 STREET ADDRESS	6089 Baywood Lane		
CITY-ST-ZIP	GREENACRES FL 33463			2.4 CITY-ST-ZIP	Greenacres, FL 33463		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	INGRAHAM, ELZA			3.2 NAME	Gerard Cummings		
STREET ADDRESS	3370 SHADOW WOOD DR.			3.3 STREET ADDRESS	6119 Glentree Lane		
CITY-ST-ZIP	GREEN ACRES CTY FL			3.4 CITY-ST-ZIP	Greenacres, FL 33463		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPIRO, ROBERT W			4.2 NAME	Shy Freed		
STREET ADDRESS	3370 SHADOW WOOD DR			4.3 STREET ADDRESS	6080 Ambertree Lane		
CITY-ST-ZIP	GREENACRES FL 33463			4.4 CITY-ST-ZIP	Greenacres, FL 33463		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHER, HAROLD L			5.2 NAME	Sidney Smith		
STREET ADDRESS	3370 SHADOW WOOD DR			5.3 STREET ADDRESS	6300 Olivewood Circle		
CITY-ST-ZIP	GREENACRES FL 33463			5.4 CITY-ST-ZIP	Greenacres, FL 33463		
TITLE	DAS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	DAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOLIDAY, ELEANOR			6.2 NAME	Wilhelmine Stollberg		
STREET ADDRESS	3370 SHADOW WOOD DRIVE			6.3 STREET ADDRESS	6099 Olivewood Circle		
CITY-ST-ZIP	GREENACRES FL			6.4 CITY-ST-ZIP	Greenacres, FL 33463		

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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Harold L. Sher 2/17/99 561-968-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)