

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
 02-15-2000 90056 011 ****61.25

DOCUMENT # 747521
 1. Entity 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 33463-2442 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1941313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GELFAND, MICHAEL J 250 S AUSTRALIAN AVE. ONE CLEARLAKE CENTRE, STE. 1010 WEST PALM BCH FL 33401-5014	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete ALEXANDER, KLEIN 6259 LAKEMONT CIRCLE GREENACRES FL 33463	TITLE <i>DN/AS</i> Vice President/Assistant Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	<input checked="" type="checkbox"/> Delete HERBERT, DAPHNE L 6089 BAYWOOD LN GREENACRES FL 33463	TITLE <i>D/P</i> President Gerald Lieberman 6040 Baywood Ln Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT	<input checked="" type="checkbox"/> Delete CUMMINGS, GERARD 6119 GLENTREE LN GREEN ACRES CTY FL 33463	TITLE <i>D/V</i> Vice President Charles Miller 6070 Ambertree Ln Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete FREED, SHY 6080 AMBERTREE LN GREENACRES FL 33463	TITLE <i>D/T</i> Treasurer George Kleman 6150 Lakemont Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV	<input checked="" type="checkbox"/> Delete SMITH, SIDNEY 6300 OLIVEWOOD CIRCLE GREENACRES FL 33463	TITLE <i>D/IS</i> Secretary Lou DeFrank 6080 Lakemont Circle Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DAS	<input checked="" type="checkbox"/> Delete STOLLBERG, WILHELMINE 6099 OLIVEWOOD CIRCLE GREENACRES FL 33463	TITLE D Director Harry Sher 6120 Glentree Ln Greenacres, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Kleman **GEORGE KLEMAN** 2/13/2000 561-964-5475
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)