

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0037395

03-20-2002 90070 023 ****61.25

DOCUMENT # 747521

1. Entity Name

THE BUTTONWOOD HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3370 SHADOW WOOD DRIVE
 GREENACRES FL 33463
 US

3370 SHADOW WOOD DRIVE
 GREENACRES FL 33463
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1941313

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, DAVID
% ST. JOHN, CORE, FIORE & LEMME, P.A.
500 AUSTRALIAN AVE. SOUTH, SUITE 600
WEST PALM BCH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **MILLER, CHARLES**
 STREET ADDRESS **6070 AIMBERTREE LANE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **PD** Change Addition
 NAME **Murray Rosenberg**
 STREET ADDRESS **6079 Olivewood Circle**
 CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **VPD** Delete
 NAME **DEFRANK, LOUIS**
 STREET ADDRESS **6080 LAKEMONT CIRCLE**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **VP/AS/D** Change Addition
 NAME **RICHARD GERRISH**
 STREET ADDRESS **6250 Olivewood Circle**
 CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **SD** Delete
 NAME **VITALE, JOSEPHINE**
 STREET ADDRESS **3247 SHADOW WOOD DR**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **D** Change Addition
 NAME **Harold Sher**
 STREET ADDRESS **6120 Glentree Ln**
 CITY-ST-ZIP **Greenacres, FL 33463**

TITLE **TD** Delete
 NAME **LIEBERMAN, GERALD**
 STREET ADDRESS **6080 BAYWOOD LANE**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GERRISH, RICHARD**
 STREET ADDRESS **6250 OLIVEWOOD CIRCLE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BERSON, HY**
 STREET ADDRESS **6430 LAKEMONT CIRCLE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Charles Miller, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-02 561-918-755

CR2E037 (9/01)