

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90275 041 ****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
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1941313**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
St. John, Core, Fiore & Lemme, P.A.
Street Address (P.O. Box Number is Not Acceptable)
**Centurion Tower, Suite 701
1601 Forum Place
City
West Palm Beach FL Zip Code
33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Core* **DAVID A. CORE SECRETARY** **FEB 12, 2003**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	MILLER, CHARLES	6070 AMBERTREE LANE	GREENACRES FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	DEFRANK, LOUIS	6080 LAKEMONT CIRCLE	LAKE WORTH FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	VITALE, JOSEPHINE	3247 SHADOW WOOD DR	GREENACRES FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	ROSENBERG, MURRAY	6079 OLIVEWOOD CIRCLE	GREENACRES FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VASD	GERRISH, RICHARD	6250 OLIVEWOOD CIRCLE	GREENACRES FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BERSON, HY	6430 LAKEMONT CIRCLE	GREENACRES FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VASD	MILLER, CHARLES	6070 AMBERTREE LANE	GREENACRES, FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	De Frank, Louis	6080 Lakemont Circle	Greenacres, FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Lieberman, Gerald	6040 Baywood Lane	Greenacres, FL 33463	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ATD	Rosenberg, Murray	6079 Olivewood Circle	Greenacres, FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Gerrish, Richard	6250 Olivewood Circle	Greenacres, FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Berson, Hyman	6430 Lakemont Circle	Greenacres, FL 33463	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: *Signature of David A. Core*

2-7-03 561-968-7555

CR2E037 (10/02)

Attachment

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Attachment Doc # 747521 VALD Sher, Harold 6120 Glentree Lane Greenacres, FL 33463 10022609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I am exempt from the signature requirement of Section 119.07(3)(i), Florida Statutes. I further certify that the information
 signature shall have the same legal effect as if made under oath; that I am an officer or director
 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11.

CR2E037 (10/02)