

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 FEB 17 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **754743** (3)  
1. Corporation Name  
**BUTTONWOOD COVE CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
3540 GULF OF MEXICO DR LONGBOAT KEY FL 34228  
3540 GULF OF MEXICO DR LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified **10/20/1980** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **59-2169171** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF, P.A.**  
**630 S. ORANGE AVE.**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, 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	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	ROBBINS, ROBERT	1.2 NAME	
STREET ADDRESS	3630 GULF OF MEXICO DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL	1.4 CITY - ST - ZIP	
VD	LENOBEL, MILT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3660 GULF OF MEXICO DR	2.2 NAME	
CITY - ST - ZIP	LONGBOAT KEY FL	2.3 STREET ADDRESS	
DT	JONES, THOMAS	2.4 CITY - ST - ZIP	
STREET ADDRESS	3830 GULF OF MEXICO DR	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	LONGBOAT KEY FL	3.2 NAME	PHILIP DRON
D	HASSLER BEN	3.3 STREET ADDRESS	3500 GULF OF MEXICO DR
STREET ADDRESS	3660 GULF OF MEXICO DR	3.4 CITY - ST - ZIP	LONGBOAT KEY FL
CITY - ST - ZIP	LONGBOAT KEY FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS	SCHROEDER, AL	4.2 NAME	JOS. C. MARCUSO
STREET ADDRESS	3630 GULF OF MEXICO DR	4.3 STREET ADDRESS	3660 GULF OF MEXICO DR
CITY - ST - ZIP	LONGBOAT KEY FL	4.4 CITY - ST - ZIP	LONGBOAT KEY FL
DS	MOTT, WILLIAM	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3540 GULF OF MEXICO DR.	5.2 NAME	DR. HUBERT GUNTHER
CITY - ST - ZIP	LONGBOAT KEY FL	5.3 STREET ADDRESS	3630 GULF OF MEXICO DR
D	MOTT, WILLIAM	5.4 CITY - ST - ZIP	LONGBOAT KEY FL
STREET ADDRESS	3540 GULF OF MEXICO DR.	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	LONGBOAT KEY FL	6.2 NAME	DANIEL SAMPARO
		6.3 STREET ADDRESS	3660 GULF OF MEXICO DR
		6.4 CITY - ST - ZIP	LONGBOAT KEY FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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: [Signature] DATE: 1/31/95 8:53 383 7537