

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date incorporated or Qualified: **10/20/1980**
3a. Date of Last Report: **02/17/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2169171	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER & POLIAKOFF, P.A. 630 S. ORANGE AVE. SARASOTA FL 34236				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	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			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LENOBEL, MILT			2.2 NAME			
STREET ADDRESS	3660 GULF OF MEXICO DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			2.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OKUN, PHILIP			3.2 NAME			
STREET ADDRESS	35009 GULF OF MEXICO DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLARUSSO, JOS C			4.2 NAME			
STREET ADDRESS	3660 GULF OF MEXICO DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			4.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUNTHER, HERBERT			5.2 NAME			
STREET ADDRESS	3630 GULF OF MEXICO DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAPIRO, DAVID			6.2 NAME			
STREET ADDRESS	3660 GOLF OF MEXICO DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			6.4 CITY-ST-ZIP			

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)(k), 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: *Robert Robbins* **ROBERT ROBBINS** 4/16/96 941/383/5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)