## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

754743

(3)

## BUTTONWOOD COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address				. 100111 10011 10011 10011 10011	. 61611
3540 GULF OF MEXICO DR 3540 GULF OF MEXICO (					
LONGBOAT KE	EY FL 34228	LONGBOAT KEY FL 3422	8-2844		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				10/20/1980	04/22/1996
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2169171	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	to .	City & State			Fee Required
23	le .	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for Inte	
24	25	29	30	Florida Statutes	
	9. Name and Address of Curre		1001	10. Name and Address of New Regis	
			81 Name	Π	· · · · · · · · · · · · · · · · · · ·
BECKER & POLIAKOFF, P.A.			82 Street	Address (P.O. Box Number Is Not Acceptable)	
630 S. ORANGE AVE.			OZ SUBEL	Address (1.0. Dox Number is Not Addeptable)	•
SARASOTA FL 34236			83		
0,1010			B4 City		85 Zip Code
	•		DA CILY		FL     Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above-named	corporation submits this statement for the pur	pose of changing its registered
agent I a	registered agent, or both, in the Statem familiar with, and accept the obli-	gations of, Section 617.0503, F	authorized by the cor lorida Statutes.	poration's board of directors. I hereby accept t	ue appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered a		TE: Registered Agent signature		DATE COMPANY AND ALL AND
12.		ND DIRECTORS DELETE	13. 1,1 Title	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	PD Robbins, Robert	DECE IE	1.2 NAME	MACRES ES	
STREET ADDRESS	3630 GULF OF MEXICO DE	1	1.3 STREET ADDRESS	MARTHA E. MAGALLIST 3540 GUIF OF MERIC	o Da
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DT	DELETE	2.1 TITLE	V20	Change Addition
NAME	OKUN, PHIUP	<b></b>	2.2 NAME		
STREET ADDRESS	ACCOUNT OF MEMORY DE		2.3 STREET ADDRESS	The state of the s	
CITY - ST - ZIP	LONGBOAT KEY FL	• •	2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	OLARUSSO, JOS C		3.2 NAME	COLARUSSO, JOS. O.	
STREET ADDRESS	3660 GULF OF MEXICO DF	1	3.3 STREET ADDRESS	, ,	·
CITY-ST-ZIP	LONGBOAT KEY FL		3.4. CITY - ST - ZIP		
TITLE	DS	A DELETE	4.1 TITLE	DT In This S	Change Addition
NAME	Gunther, Herbert		4. 2 NAME	THOMAN W. JONES JR.	<b></b>
STREET ADDRESS	3830 GULF OF MEXICO DF	}	4.3 STREET ADDRESS	3680 GULP OF MEXIC	OVE
CITY-ST-ZIP	LONGBOAT KEY FL		4.4 CITY-ST-ZIP	LONGBOAT KZY FL	
TITLE	D	☐ DELETE	5.1 TITLE	er Transfer	Change Addition
NAME	SHAPIRO, DAVID		5.2 NAME		
STREET ADDRESS	3680 GOLF OF MEXICO DF	₹	5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL	I DOLETC	5.4 CiTY-ST-ZiP		Change Maddition
1 7171 F		1 1 11/21/21/2	CA TITLE	1888	I I Thomas 1.471 Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SKINUTG OFFICER OF DIREC

1/19/97

441-883-5743

**FILED** 

Jan 31 1997 8:00am

Secretary of State

Daytime Phone # 0062580

CBS