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FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/20/1980	
4. FEI Number 59-2169171	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MACALLISTER, MARTHA E 3540 GULF OF MEXICO DR LONGBOAT KEY FL	1.1 TITLE D	Layorne Loren Zini 3660 Gulf of Mexico Dr. A101 Longboat Key, FL 34228
TITLE VPD	OKUN, PHILIP 3500 GULF OF MEXICO DR LONGBOAT KEY FL	2.1 TITLE TD	Bob Robbins 3630 Gulf of Mexico Dr B305 Longboat Key, FL 34228
TITLE D	COLARUSSO, JOS C 3660 GULF OF MEXICO DR LONGBOAT KEY FL	3.1 TITLE D	Jack Flowers 3630 Gulf of Mexico Dr. B104 Longboat Key, FL 34228
TITLE DT	JONES, JR T W 3630 GULF OF MEXICO DR LONGBOAT KEY FL	4.1 TITLE SD	Marcia Mott 3540 Gulf of Mexico Dr. C101 Longboat Key, FL 34228
TITLE D	SHAPIRO, DAVID 3660 GULF OF MEXICO DR LONGBOAT KEY FL	5.1 TITLE	
TITLE		6.1 TITLE	

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TITLE		6.1 TITLE	

14. 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* **R. E. ROBBINS 3/16/98 (94) 383-0817**

CR2E037 (10/97)