

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90009 022 ****61.25

DOCUMENT # 754743

1. Entity Name

BUTTONWOOD COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3540 GULF OF MEXICO DR
 LONGBOAT KEY FL 34228

3540 GULF OF MEXICO DR
 LONGBOAT KEY FL 34228-2844

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2169171**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.
630 S. ORANGE AVE.
SARASOTA FL 34236

Name: **CHAD McCLENAHAN**
 Street Address (P.O. Box Number is Not Acceptable)
2033 Main Street, Suite 400
 City **Sarasota** FL Zip Code **34237**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]
CHAD McCLENAHAN

2/7/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZINI, LAVERNE	
STREET ADDRESS	3660 GULF OF MEXICO DR SUITE A101	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WORTMAN, BOB	
STREET ADDRESS	3660 GULF OF MEXICO DR. #A102	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOWERS, JACK	
STREET ADDRESS	3630 GOLF OF MEXICO DR SUITE B104	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOTT, MARCIA	
STREET ADDRESS	3540 GULF OF MEXICO DR SUITE C101	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, DAVID	
STREET ADDRESS	3660 GOLF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	PR	<input type="checkbox"/> Delete
NAME	MACALLISTER, MARTHA	
STREET ADDRESS	3540 GULF OF MEXICO DR SUITE C30	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE	VP	<input type="checkbox"/> Change
NAME	OKUN, Phil	
STREET ADDRESS	3500 Gulf of Mexico Dr. D302	
CITY-ST-ZIP	Longboat Key, Fl. 34228	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	Robbins, Robert	
STREET ADDRESS	3660 Gulf of Mexico Dr. B305	
CITY-ST-ZIP	Longboat Key, Fl. 34228	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	Burnette, Donna	
STREET ADDRESS	3540 Gulf of Mexico Dr. C103	
CITY-ST-ZIP	Longboat Key, Fl. 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Handwritten Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

941 383 3211

Date

Daytime Phone #