

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90090 032 ****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**

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCMENATHEN, CHAD
 2033 MAIN ST STE 400
 SARASOTA FL 32937**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	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	TD	<input type="checkbox"/> Delete
NAME	BURNETTE, DONNA	
STREET ADDRESS	3540 GULF OF MEXICO DR #103	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shapiro, Harriet	
STREET ADDRESS	3660 Gulf of Mexico Dr. A104	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Harriet Shapiro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/02

CR2E037 (9/01)