


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 754743 1. Entity Name BUTTONWOOD COVE CONDOMINIUM ASSOCIATION, INC.	
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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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**DO NOT WRITE IN THIS SPACE**



04102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2169171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALLENS, BETH  
595 BAY ISLES RD #201  
LONGBOAT KEY, FL 34228

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Beth Callens* (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMBOW, DONALD 3630 GULF OF MEXICO DR 105B LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, JACK 3630 GOLF OF MEXICO DR SUITE B104 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOTT, MARCIA 3540 GULF OF MEXICO DR SUITE C101 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HARRIET 3660 GULF OF MEXICO DR A104 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR MACALLISTER, MARTHA 3540 GULF OF MEXICO DR SUITE C30 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURNETTE, DONNA 3540 GULF OF MEXICO DR #103 LONGBOAT KEY, FL 34228

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IN THIS SPACE**

00000138548  
04/29/04-80084-019 61.25

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: *J. A. Chual* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 4/23/04 DAYTIME PHONE #: 383-4806