


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90013 032 \*\*\*\*61.25

<b>DOCUMENT # 754743</b>			
1. Entity Name <b>BUTTONWOOD COVE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3540 GULF OF MEXICO DR          LONGBOAT KEY, FL 34228</b>		Mailing Address <b>3540 GULF OF MEXICO DR          LONGBOAT KEY, FL 34228</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1877 Northgate Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Ste 4</b>	
City & State		City & State <b>Sarasota FL</b>	
Zip	Country	Zip <b>34234</b>	Country <b>USA</b>
4. FEI Number <b>59-2169171</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>McCLENATHEN, CHAD M          1820 RINGLING BOULEVARD          SARASOTA, FL 34236</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINION, ROBERT 3630 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEMBO, DONALD 3630 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Timoshenko 3630 Gulf of Mexico Dr, B-101 Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLEMING, TERRY 3660 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jerry Slansky 3660 Gulf of Mexico Dr Longboat Key, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIDSON, SUSAN 3500 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Terry Fleming 3660 Gulf of Mexico DR 302A Longboat Key, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD MANNING, MICHAEL 1877 NORTHGATE BLVD, STE 4 SARASOTA, FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Ellen Jabbur 3540 Gulf of Mexico Dr 203C Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD SLANSKY, JERRY 3660 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Libby Seaver 3660 Gulf of Mexico Dr 304A Longboat Key, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Michael Manning</i>		Date: <b>04-15-2008</b> Daytime Phone #: <b>941 359 4876</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	