

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90129 027 ****61.25

DOCUMENT # **754743**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

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

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

Name ~~Beth Callan's Agent~~
Street Address (P.O. Box Number is Not Acceptable)
595 Bay Isles Rd #201
Longboat Key, FL 34228
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Beth Callan

7/17/03

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 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 **D** Delete
NAME **LORENZINI, LAVERNE**
STREET ADDRESS **3660 GULF OF MEXICO DR SUITE A101**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **D** Change Addition
NAME **DONALD DEBOW**
STREET ADDRESS **3630 GULF OF MEXICO DR - 105B**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **D** Delete
NAME **FLOWERS, JACK**
STREET ADDRESS **3630 GULF OF MEXICO DR SUITE B104**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **TD** Change Addition
NAME **JAMES A. O'MAHONY**
STREET ADDRESS **3500 GULF OF MEXICO DR - 101D**
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **SD** Delete
NAME **MOTT, MARCIA**
STREET ADDRESS **3540 GULF OF MEXICO DR SUITE C101**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SHAPIRO, HARRIET**
STREET ADDRESS **3660 GULF OF MEXICO DR A104**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PR** Delete
NAME **MACALLISTER, MARTHA**
STREET ADDRESS **3540 GULF OF MEXICO DR SUITE C30**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **BURNETTE, DONNA**
STREET ADDRESS **3540 GULF OF MEXICO DR #103**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change 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 individuals empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/14/03 (860) 824-0094
(941) 383-4806

CR2E037 (4/03)