FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:24

DOCUMENT # 754968 (6)

1. Corporation Name

THE BUTTONWOOD WEST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3201 SILVER BUTTONWOOD DRIVE GREENACRES CITY FL 33463	3201 SILVER BUTTONWOOD DRIVE GREENACRES CITY FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1980
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2066948 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZELMAN, ALFRED
6304 SILK DOGWOOD LANE
GREENACRES CITY FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Alfred Zelman, President — 3-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ZELMAN, ALFRED	1.2 NAME		
STREET ADDRESS	6304 SILK DOGWOOD LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	TILLOTSON, FRANK	2.2 NAME	Seymour Rosen	
STREET ADDRESS	6298 RED CEDAR CIR,	2.3 STREET ADDRESS	6303 Silk Dogwood Ln.	
CITY-ST-ZIP	GREENACRES FL	2.4 CITY-ST-ZIP	Greenacres, Fl. 33463	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	KAPLAN, IRVING	3.2 NAME	Harold Cohn	
STREET ADDRESS	3317 SILVER BUTTONWOOD DR.	3.3 STREET ADDRESS	6310 Silk Dogwood Ln.	
CITY-ST-ZIP	GREENACRES FL	3.4 CITY-ST-ZIP	Greenacres, Fl. 33463	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	BORNSTEIN, SIMONE	4.2 NAME		
STREET ADDRESS	6239 RED CEDAR CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENACRES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BENN, STANLEY	5.2 NAME	Herbert Groslinger	
STREET ADDRESS	6238 RED CEDAR CIR	5.3 STREET ADDRESS	6260 Red Cedar Circle	
CITY-ST-ZIP	GREENACRES FL	5.4 CITY-ST-ZIP	Greenacres, Fl. 33463	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ROSEN, SEYMOUR	6.2 NAME	Edward Vitaliani	
STREET ADDRESS	6303 SILK DOGWOOD LANE	6.3 STREET ADDRESS	6265 American Azalea Lane	
CITY-ST-ZIP	GREENACRES FL	6.4 CITY-ST-ZIP	Greenacres, FL. 33463	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-20-95 407-964-4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alfred Zelman

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