FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90111 002 ****61.25

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DOCUMENT # 754968

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 11/03/1980

4. FEI Number: 59-2066948 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TILLOTSON, FRANK
6298 RED CEDAR CIR
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name: ZELMAN, ALFRED
82 Street Address (P.O. Box Number is Not Acceptable): 6304 SILK DOGWOOD LANE
83: GREENACRES, FLORIDA 33463
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: ALFRED ZELMAN — 2/2/99
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	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	TILLOTSON, FRANK		1.2 NAME	TILLOTSON, FRANK	
STREET ADDRESS	6298 RED CEDAR CIR		1.3 STREET ADDRESS	6298 RED CEDAR CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463		1.4 CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	S	☒ DELETE	2.1 TITLE	S	☐ Change XX Addition
NAME	GAINEN, HERMAN		2.2 NAME	MILDRED FIER	
STREET ADDRESS	6332 TALL CYPRESS CIRCLE		2.3 STREET ADDRESS	6303 TALL CYPRESS CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463		2.4 CITY-ST-ZIP	GREENACRES, FLORIDA 33463	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change XX Addition
NAME	TRAVIS, HELEN		3.2 NAME	SEYMOUR ROSEN	
STREET ADDRESS	6255 BLUE BANEBERRY LANE		3.3 STREET ADDRESS	6303 SILK DOGWOOD LANE	
CITY-ST-ZIP	GREENACRES FL 33463		3.4 CITY-ST-ZIP	GREENACRES, FLORIDA 33463	
TITLE	D	XX DELETE	4.1 TITLE	VP	☐ Change XX Addition
NAME	HOWARD, VIRGIL		4.2 NAME	SIDNEY LAICHTMAN	
STREET ADDRESS	6340 TALL CYPRESS CIRCLE		4.3 STREET ADDRESS	6307 WHITE SABAL PALM LANE	
CITY-ST-ZIP	GREENACRES FL 33463		4.4 CITY-ST-ZIP	GREENACRES, FLORIDA 33463	
TITLE	VP	☒ DELETE	5.1 TITLE	P	XX Change ☐ Addition
NAME	ZELMAN, ALFRED		5.2 NAME	ALFRED ZELMAN	
STREET ADDRESS	6304 SILK DOGWOOD LANE		5.3 STREET ADDRESS	6304 SILK DOGWOOD LANE	
CITY-ST-ZIP	GREENACRES FL 33463		5.4 CITY-ST-ZIP	GREENACRES, FLORIDA 33463	
TITLE	T	☒ DELETE	6.1 TITLE	T	☐ Change XX Addition
NAME	ZUCKER, DAVID		6.2 NAME	RICHARD MAC DONALD	
STREET ADDRESS	6295 TALL CYPRESS CIR		6.3 STREET ADDRESS	3321 SILVER BUTTONWOOD DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463		6.4 CITY-ST-ZIP	GREENACRES, FLORIDA 33463	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [illegible] REQUIRED — ALFRED ZELMAN, PRESIDENT — 2/2/99 — (561) 964-4049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #