

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90133 004 ****61.25

DOCUMENT # 754968

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2066948

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

**LEMME, THERESA M
 ST. JOHN, CORE, FIORE & LEMME
 100 AUSTRALIAN AVE SOUTH, #600
 PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **JENSEN, BARBARA**
 STREET ADDRESS **6281 TALL CYPRESS CIRCLE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **P** ☒ Change ☐ Addition
 NAME **NEEDLE, JOAN**
 STREET ADDRESS **6255 BLUE BANE BERRY LANE**
 CITY-ST-ZIP **GREENACRES, FLORIDA 33463**

TITLE **VP** ☒ Delete
 NAME **HOWARD, VIRGIL**
 STREET ADDRESS **6340 TALL CYPRESS CIRCLE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **VP** ☒ Change ☐ Addition
 NAME **ALFANO, FRANCIS**
 STREET ADDRESS **6355 TALL CYPRESS CIRCLE**
 CITY-ST-ZIP **GREENACRES, FLORIDA 33463**

TITLE **T** ☐ Delete
 NAME **UTMAN, HOWARD**
 STREET ADDRESS **6341 TALL CYPRESS CIRCLE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **BAKER, GEORGE**
 STREET ADDRESS **6263 RED CEDAR CIRCLE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOSEPH DUCATI**
 STREET ADDRESS **6277 TALL CYPRESS CIRCLE**
 CITY-ST-ZIP **GREENACRES, FLORIDA 33463**

TITLE **S** ☐ Delete
 NAME **NEEDLE, JOAN**
 STREET ADDRESS **6255 BLUE BANE BERRY LANE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **S** ☐ Change ☒ Addition
 NAME **CHARLOTTE ROSENTHAL**
 STREET ADDRESS **6258 RED CEDAR CIRCLE**
 CITY-ST-ZIP **GREENACRES, FLORIDA 33463**

TITLE **D** ☐ Delete
 NAME **ALFANO, FRANCIS**
 STREET ADDRESS **6355 TALL CYPRESS CIRCLE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN McDONALD**
 STREET ADDRESS **6277 RED CEDAR CIRCLE**
 CITY-ST-ZIP **GREENACRES, FLORIDA 33463**

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:

Joan Needle **JOAN-NEEDLE, PRESIDENT**

02/08/02 (561) 964-4049

CR2E037 (9/01)