

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90138 023 \*\*\*\*61.25

**DOCUMENT # N98000001466**

1. Entity Name

**BUTTONWOOD COURT OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1901 SOUTH ROOSEVELT BLVD. 207N  
 KEY WEST FL 33040

P.O. BOX 5891  
 KEY WEST FL 33045

**00031128**

2. Principal Place of Business

3. Mailing Address

**3339 DONALD AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0826016**

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

**SPOTTSWOOD, JOHN M JR.  
 500 FLEMING STREET  
 KEY WEST FL 33040**

Name

**JAMES BOGOEFF**

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

**3339 DONALD AVENUE**

City

**Key West**

**FL**

Zip Code

**33040**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

**JAMES BOGOEFF**

(NOTE: Registered Agent signature required when reinstating)

**3/15/01**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP  
 GREEN, PHILLIP L  
 1901 S. ROOSEVELT BLVD. 207N  
 KEY WEST FL 33040** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP  
 JAMES BOGOEFF  
 3339 DONALD AVENUE  
 KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DTS  
 GREEN, SANDRA S  
 1901 S. ROOSEVELT BLVD. 207N  
 KEY WEST FL 33040** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 1901 S ROOSEVELT BLVD. 208N** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVP  
 HAMBY, MARK  
 3347 DONALD AVE  
 KEY WEST FL 33040** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 LILLIAN WAITE  
 3318 DONALD AVENUE  
 KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 GARLAND JOHNSON  
 3311 DONALD AVENUE  
 KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S  
 DAREN OPPENHEIMER  
 3319 DONALD AVENUE  
 KEY WEST, FL 33040** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SECRETARY**

Date

Daytime Phone #

**3/15/01 (305) 2960913**

CR2E037 (10/00)