

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
03-03-2002 90106 049 ****61.25

DOCUMENT # N98000001466

1. Entity Name

BUTTONWOOD COURT OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3339 DONALD AVENUE
KEY WEST FL 33040**

**P.O. BOX 5891
KEY WEST FL 33045**

2. Principal Place of Business

3303 Donald Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

4. FEI Number

65-0826016

Applied For

Not Applicable

Zip

33040

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

**BOGOEFF, JAMES
3339 DONALD AVENUE
KEY WEST FL 33040**

Name **Paul R. Semmes**

Street Address (P.O. Box Number is Not Acceptable)
3303 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

Paul, R. Semmes

1/20/02

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 **S** ☐ Delete
NAME **OPPENHEIMER, DAREN**
STREET ADDRESS **3339 DONALD AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **D** ☒ Change ☐ Addition
NAME **3319 Donald Avenue**
STREET ADDRESS **3319 Donald Avenue**
CITY-ST-ZIP **3319 Donald Avenue**

TITLE **T** ☐ Delete
NAME **GREEN, SANDRA S**
STREET ADDRESS **1901 S ROOSEVELT BLVD 208N**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE **DP** ☒ Delete
NAME **BOGDEFF, JAMES**
STREET ADDRESS **3339 DONALD AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **DP** ☐ Change ☒ Addition
NAME **Paul R. Semmes**
STREET ADDRESS **3303 Donald Avenue**
CITY-ST-ZIP **Key West, FL 33040**

TITLE **D** ☒ Delete
NAME **WAITE, LILLIAN**
STREET ADDRESS **3339 DONALD AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **David** ☐ Change ☒ Addition
NAME **David Smith**
STREET ADDRESS **3315 Donald Avenue**
CITY-ST-ZIP **Key West, FL 33040**

TITLE **D** ☒ Delete
NAME **JOHNSON, GARLAND**
STREET ADDRESS **3339 DONALD AVENUE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **S** ☐ Change ☒ Addition
NAME **William N. Elwood**
STREET ADDRESS **3355 Donald Avenue**
CITY-ST-ZIP **Key West, FL 33040**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

Sandra S. Green, Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02 305-294-7224

CR2E037 (9/01)