

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # N98000001466

1. Entity Name
BUTTONWOOD COURT OWNERS' ASSOCIATION, INC.



Principal Place of Business
**3371 DONALD AVE
KEY WEST, FL 33040**

Mailing Address
**P.O. BOX 5891
KEY WEST, FL 33045-5891**



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0826016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COOK, MITCHELL J ESQ.
3706 N. ROOSEVELT BLVD., STE. 1
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000215478
02/05/05-80011-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WEATHERHEAD, JAN M
STREET ADDRESS	3371 DONALD AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	T
NAME	GREEN, SANDRA S
STREET ADDRESS	1901 S ROOSEVELT BLVD 208N
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	DVP
NAME	GROSSMAN, NADENE
STREET ADDRESS	3303 DONALD AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	DS
NAME	COLEMAN, TANYA
STREET ADDRESS	3323 DONALD AVE
CITY-ST-ZIP	KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FAX #

1/31/05 305-294-1096