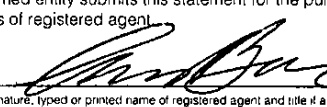
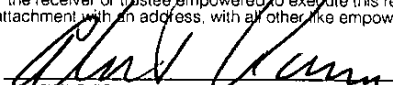


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90207 013 ****61.25

DOCUMENT # 723166 1. Entity Name THE BANYAN GOLF CLUB OF PALM BEACH, INC					
Principal Place of Business 9059 RANCH ROAD WEST PALM BEACH, FL 33411			Mailing Address 9059 RANCH ROAD WEST PALM BEACH, FL 33411		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MINTMIRE, DONALD F 265 SUNRISE AVE PALM BCH, FL 33480				7. Name and Address of New Registered Agent ANNE BENJAMIN 9059 RANCH ROAD WEST PALM BEACH FL 33411	
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:  (NOTE: Registered Agent signature required when reinstating)					
DATE: 04/24/05					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARVEN, ALVIN 3250 S. OCEAN BLVD #504N PALM BEACH, FL 33480	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, GENE R 3170 S OCEAN BLVD #2506N PALM BEACH, FL 33480	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STEPHEN BROWN 333 SUNSET AVE # 706 PALM BEACH, FL. 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KESSLER, JOHN 2155 I 1015 ISLE RD. PALM BEACH, FL 33480	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President MALCOLM ROTH 2600 S. OCEAN # 101W PALM BEACH, FL. 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINTMIRE, DONALD F 265 SUNRISE AVE PALM BEACH, FL 33480	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ANNE BENJAMIN 100 SUNRISE AVE. #402 PALM BEACH, FL. 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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:  ALVIN PARVEN					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-18-05 Daytime Phone #: 561-793-2800					