## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#723166** 

FILED Apr 15, 2009 Secretary of State

Entity Name: THE BANYAN GOLF CLUB OF PALM BEACH, INC

Current Principal Place of Business: New Principal Place of Business:

1393 LYONS ROAD

WEST PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

1393 LYONS ROAD

WEST PALM BEACH, FL 33411

FEI Number: 59-1411717 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BENJAMIN, ANNE ROSETTI, JOSEPH
1393 LYONS ROAD 1393 LYONS ROAD

WEST PALM BEACH, FL 33411 US WEST PALM BEACH, FL 33411 US

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: JOSEPH ROSETTI 04/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 KESSLER, JOHN
 Name:
 COHEN, DAVID

 Address:
 2155 IBIS ISLE ROAD
 Address:
 6947 ELIANTO WAY

 City-St-Zip:
 PALM BEACH, FL 33480
 City-St-Zip:
 LAKE WORTH, FL 33467

Title: T ( ) Delete Title: T (X) Change ( ) Addition

Name: BROWN, STEPHEN Name: PARVEN, ALVIN

 Address:
 333 SUNSET AVE. # 706
 Address:
 3120 S. OCEAN BLVD 2-403

 City-St-Zip:
 PALM BEACH, FL 33480
 City-St-Zip:
 PALM BEACH, FL 33480

Title: V () Delete Title: () Change () Addition

 Name:
 SHAPIRO, RÖBERT
 Name:

 Address:
 2536 SHELTING HAM DR.
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BENJAMIN, ANNE
 Name:
 ROSETTI, JOSEPH

 Address:
 100 SUNRISE AVE. # 402
 Address:
 2580 S. OCEAN BLVD #1-4C

 City-St-Zip:
 PALM BEACH, FL 33480
 City-St-Zip:
 PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COHEN P 04/15/2009