

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750333 (7)
1. Corporation Name
BANYAN POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

POST OFFICE BOX 727
PUNTA GORDA FL 33951

Mailing Address

BANYAN POINT CONDO ASSN.
4056 TAMiami TR. #14
PT CHARLOTTE FL 33952
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/21/1979** 3a. Date of Last Report **02/28/1994**

4. FEI Number **59-2016673** Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 **601 Shreve Street**

2a. Mailing Address
26 **601 Shreve Street**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

22 City & State
Punta Gorda, FL

27 City & State
Punta Gorda, FL

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

23 Zip Country
33950 USA

28 Zip Country
33950 USA

8. This corporation has liability for intangible tax under S. 169.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASWELL, VERN
BANYAN POINT CONDO ASSN.
4055 TAMiami TR. #14
PT CHARLOTTE FL 33952

81 Name
Debra K. Meredith

82 Street Address (P.O. Box Number is Not Acceptable)
3160 Matecumbe Key Road

83

84 City **Punta Gorda** FL 85 Zip Code **33955**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Debra K. Meredith

(NOTE: Registered Agent signature required when resigning)

DATE

4-19-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **STONE, GORDON**
STREET ADDRESS **601 SHREVE ST 12-C**
CITY-ST-ZIP **PUNTA GORDA FL**

1.1 TITLE **Secretary** ☒ Change ☐ Addition
1.2 NAME **Wheeler, Clair D.**
1.3 STREET ADDRESS **601 Shreve Street #21-B**
1.4 CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **D**
NAME **COSTELLO, LILLIAN**
STREET ADDRESS **601 SHREVE ST 35-C**
CITY-ST-ZIP **PUNTA GORDA FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Kalamas, George F.**
2.3 STREET ADDRESS **601 Shreve Street #55-B**
2.4 CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **V**
NAME **GENTILE, GENE**
STREET ADDRESS **601 SHREVE ST 44-C**
CITY-ST-ZIP **PUNTA GORDA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T**
NAME **KHOURI, JOHN D**
STREET ADDRESS **601 SHREVE ST 45-B**
CITY-ST-ZIP **PUNTA GORDA, FL 00000**

4.1 TITLE **T** ☒ Change ☐ Addition
4.2 NAME **Reno, Joseph**
4.3 STREET ADDRESS **601 Shreve Street #26-B**
4.4 CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **P**
NAME **VZE, IRVING**
STREET ADDRESS **601 SHREVE ST 52-B**
CITY-ST-ZIP **PORT CHARLOTTE FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Uze, Irving**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Parent, Edmund**
6.3 STREET ADDRESS **601 Shreve Street #34-B**
6.4 CITY-ST-ZIP **Punta Gorda, FL 33950**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clair D. Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

637-1101