

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>601 SHREVE STREET PUNTA GORDA FL 33950 US</b>	Mailing Address <b>601 SHREVE STREET PUNTA GORDA FL 33950 US</b>
---	---

3. Date Incorporated or Qualified  
**12/21/1979**

4. FEI Number <b>59-2016673</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**STAR HOSPITALITY MGMT., INC.  
3160 MATECUMBE KEY RD.  
PUNTA GORDA FL 33955**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHEELER, CLAIR D</b>	1.2 NAME	<b>S POKLASNY, JUNE</b>
STREET ADDRESS	<b>601 SHREVE STREET</b>	1.3 STREET ADDRESS	<b>601 SHREVE STREET #62A</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	1.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALAMAS, GEORGE F</b>	2.2 NAME	
STREET ADDRESS	<b>601 SHREVE STREET #55-B</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVINE, RICHARD J</b>	3.2 NAME	
STREET ADDRESS	<b>601 SHREVE ST., #25-A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERMIT, DEWALL</b>	4.2 NAME	
STREET ADDRESS	<b>601 SHREVE STREET #21-A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREGEEN, BRUCE</b>	5.2 NAME	<b>CREGEEN, BRUCE</b>
STREET ADDRESS	<b>601 SHREVE ST., #43-A</b>	5.3 STREET ADDRESS	<b>601 SHREVE STREET #43A</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	5.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARENT, EDMUND</b>	6.2 NAME	<b>DRYBURGH, WILLIAM</b>
STREET ADDRESS	<b>601 SHREVE STREET #34-B</b>	6.3 STREET ADDRESS	<b>601 SHREVE STREET 61C</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	6.4 CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>

14. 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 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: Kermit DeWall Kermit DeWall 4/21/98 637-1101

CP2E037 (10/97)