

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750333

1. Entity Name

BANYAN POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

601 SHREVE STREET  
PUNTA GORDA FL 33950  
US

601 SHREVE STREET  
PUNTA GORDA FL 33950  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution, ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	BOHUNSKY, JOHN	
STREET ADDRESS	601 SHREVE STREET #36C	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEIDT, KARL	
STREET ADDRESS	601 SHREVE ST #44B	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEVINE, RICHARD J	
STREET ADDRESS	601 SHREVE ST #35C	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLICA, VINCENT	
STREET ADDRESS	601 SHREVE STREET #35A	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRUBAKER, EDWIN	
STREET ADDRESS	601 SHREVE ST #32A	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	V	<input type="checkbox"/> Delete
NAME	VESPERIAN, LLOYD	
STREET ADDRESS	601 SHREVE ST 51A	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAY, JOSEPH	
STREET ADDRESS	601 SHREVE ST #12A	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIDT, KARL	
STREET ADDRESS	601 SHREVE ST #44B	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

RICHARD J. DEVINE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90088 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)