


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90023 026 \*\*\*\*61.25

**DOCUMENT # 750333**

1. Entity Name  
**BANYAN POINT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**601 SHREVE STREET**  
**PUNTA GORDA, FL 33950 US**

Mailing Address  
**601 SHREVE STREET**  
**PUNTA GORDA, FL 33950 US**

90043043



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03142008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**STAR HOSPITALITY MGMT., INC.**  
**3160 MATECUMBE KEY RD.**  
**PUNTA GORDA, FL 33955**

7. Name and Address of New Registered Agent  
 Name **STAR HOSPITALITY MGMT., INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6025 TAYLOR RD., #2**  
 City **PUNTA GORDA** FL Zip Code **33950**

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

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 *Sherry Carlw* DATE 3-18-08

\* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, BARBARA 601 SHREVE ST 51B PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEXANDER, RAY 601 SHREVE ST 46C PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBER, HENRY 601 SHREVE ST 11B PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, RICHARD 601 SHREVE ST 35C PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCHEFF, BEVERLY 601 SHREVE ST 25A PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETTERING, LAVONNE 601 SHREVE ST 23B PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MCDANIEL, BARBARA</b> <b>601 SHREVE ST. 51B</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ALEXANDER, RAY</b> <b>601 SHREVE ST. 46C</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BARBER, HENRY</b> <b>601 SHREVE ST. 11B</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEVINE, RICHARD</b> <b>601 SHREVE ST. 35C</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BOCHEFF, BEVERLY</b> <b>601 SHREVE ST. 25A</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Raymond W. Alexander Jr.* **RAYMOND W. ALEXANDER JR.** MARCH 19, 2008 941-637-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #