

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90341 024 \*\*\*\*61.25

0051789

**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**

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S**  Delete  
NAME **BOHUNSKY, JOHN**  
STREET ADDRESS **601 SHREVE ST. #44B**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **P**  Change  Addition  
NAME **BOHUNSKY, JOHN**  
STREET ADDRESS **601 SHREVE ST. #36C**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D**  Delete  
NAME **SCHEIDT, KARL**  
STREET ADDRESS **601 SHREVE ST #44B**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **T**  Change  Addition  
NAME **SCHEIDT, KARL**  
STREET ADDRESS **601 SHREVE ST #44B**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **P**  Delete  
NAME **DEVINE, RICHARD J**  
STREET ADDRESS **601 SHREVE ST #35C**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **S**  Change  Addition  
NAME **VEGA, ROBERT**  
STREET ADDRESS **601 SHREVE ST**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D**  Delete  
NAME **COLLICA, VINCENT**  
STREET ADDRESS **601 SHREVE STREET #35A**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **SALAY, JOSEPH**  
STREET ADDRESS **6015A REVE ST. #12A**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V**  Delete  
NAME **VESPERIAN, LLOYD**  
STREET ADDRESS **601 SHREVE ST 51A**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **V**  Change  Addition  
NAME **MONGIARDINI, GENE**  
STREET ADDRESS **601 SHREVE ST. #26B**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

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:

*SIGNATURE REQUIRED*

3/28/03

(41) 637-1101

CR2E037 (10/02)