

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766069 (9)

1. Corporation Name

THE BANYAN TREE OF KEY WEST CONDOMINIUM AND OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

323 WHITEHEAD STREET
KEY WEST FL 33040

323 WHITEHEAD STREET
KEY WEST FL 33040

3. Date Incorporated or Qualified
12/10/1982

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2735297

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.G.C. CO.
2300 SUN BANK CENTER
200 S. ORANGE AVE.
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

11 TITLE Change Addition

NAME **D BALAS, DAVID**
STREET ADDRESS **1202 FARWOOD DR.EAST**
CITY-ST-ZIP **LANSING MI**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE

21 TITLE Change Addition

NAME **D SONGER, MARK**
STREET ADDRESS **2217 TOWNLEY ROAD**
CITY-ST-ZIP **TOLEDO OH**

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE

31 TITLE Change Addition

NAME **S RUSSELL, GILBERT**
STREET ADDRESS **P.O. BOX 4212 N/A**
CITY-ST-ZIP **KEY WEST FL**

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE

41 TITLE Change Addition

NAME **DP HOOVER, ARTHUR**
STREET ADDRESS **89 MERRYMEETING RD.**
CITY-ST-ZIP **NEW DURHAM, NH.**

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE

51 TITLE Change Addition

NAME **DV TRACTON, JAMES**
STREET ADDRESS **12700 N. BAYSHORE DR.**
CITY-ST-ZIP **N. MIAMI FL**

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE

61 TITLE Change Addition

NAME **D MYERS, JERRY E.**
STREET ADDRESS **2381 OLEANDER ST.**
CITY-ST-ZIP **JAMES FL**

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 119.07(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:

Gilbert M. Russell Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GILBERT M. RUSSELL, JR.

3/8/96 (305)296-7786

SECRETARY

Date

Daytime Phone #

x 2211

CR2E037 (12/95)