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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 323 WHITEHEAD STREET
KEY WEST FL 33040 KEY WEST FL 33040-6542

3. Date Incorporated or Qualified 12/10/1982 3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2735297 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
23 Zip 28 Zip Country 29 Zip Country 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	D BALAS, DAVID [] DELETE	1.1 TITLE	D [] Change [X] Addition
NAME	BALAS, DAVID	1.2 NAME	BADE, DWAYNE
STREET ADDRESS	1202 FARWOOD DR.EAST	1.3 STREET ADDRESS	3301 ROBINWOOD LANE
CITY-ST-ZIP	LANSING MI	1.4 CITY-ST-ZIP	MINNETONKA, MN. 55343
TITLE	D SONGER, MARK [] DELETE	2.1 TITLE	D [] Change [X] Addition
NAME	SONGER, MARK	2.2 NAME	HERMELING, WILLIAM
STREET ADDRESS	2217 TOWNLEY ROAD	2.3 STREET ADDRESS	3426 ROBINWOOD TERRACE
CITY-ST-ZIP	TOLEDO OH	2.4 CITY-ST-ZIP	MINNETONKA, MN 55305
TITLE	S RUSSELL, GILBERT [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	RUSSELL, GILBERT	3.2 NAME	
STREET ADDRESS	P.O. BOX 4212 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	DP HOOVER, ARTHUR [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	HOOVER, ARTHUR	4.2 NAME	
STREET ADDRESS	89 MERRYMEETING RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW DURHAM, NH.	4.4 CITY-ST-ZIP	
TITLE	DV TRACTON, JAMES [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	TRACTON, JAMES	5.2 NAME	
STREET ADDRESS	12700 N. BAYSHORE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D MYERS, JERRY E. [] DELETE	6.1 TITLE	[] Change [] Addition
NAME	MYERS, JERRY E.	6.2 NAME	
STREET ADDRESS	2381 OLEANDER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JAMES FL	6.4 CITY-ST-ZIP	

14. I do 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: *Gilbert M. Russell* GILBERT RUSSELL 2/25/97 305-296-7786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024500

CR2E037 (9/96)