

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766069 (9)

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



Principal Place of Business 323 WHITEHEAD STREET KEY WEST FL 33040	Mailing Address 323 WHITEHEAD STREET KEY WEST FL 33040
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3. Date Incorporated or Qualified
12/10/1982

4. FEI Number
59-2735297

Applied For	
Not Applicable	

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
24	29
Country	Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALAS, DAVID	1.2 NAME	D KATZ, LORI
STREET ADDRESS	1202 FARWOOD DR.EAST	1.3 STREET ADDRESS	1514 FOURTH STREET
CITY-ST-ZIP	LANSING MI	1.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONGER, MARK	2.2 NAME	
STREET ADDRESS	2217 TOWNLEY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D KATZ, LORI
1.3 STREET ADDRESS	1514 FOURTH STREET
1.4 CITY-ST-ZIP	KEY WEST, FL 33040
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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. **3/3/98** **(305) 296-7786**

CR2E037 (10/97)