

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90117 042 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766069**

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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11909-90117-42



21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 12/10/1982	4. FEI Number 59-2735297	Applied For Not Applicable
22.	27.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23.	28.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24.	25.	29.	30.	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, LORI	1.2 NAME	
STREET ADDRESS	1514 FOURTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, ARTHUR	4.2 NAME	DP SURDOWIECKI, STEVE
STREET ADDRESS	89 MERRYMEETING RD.	4.3 STREET ADDRESS	2036 SE 17th. ST.
CITY-ST-ZIP	NEW DURHAM, NH.	4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRACTON, JAMES	5.2 NAME	DV ABRAMS, RICHARD
STREET ADDRESS	12700 N. BAYSHORE DR.	5.3 STREET ADDRESS	593 S. BERMONT AVE.
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	LAFAYETTE, CO. 80026
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	

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, with all other like empowered.

SIGNATURE: GILBERT M. RUSSELL JR. 1/11/98 305-296-7786 X-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 SECRETARY

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