

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90405 019 ****61.25

DOCUMENT # 766069
 1. Entity 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

40073300

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2735297

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

6. Name and Address of Current Registered Agent
 CLINTON, ROBERT JR
 MORGAN & HENDRICK
 317 WHITEHEAD STREET
 KEY WEST, FL 33040

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2006

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, LORI 1514 FOURTH ST KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDER, STEVE 2916 STAPLES AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNBAUGH, CHARLES 960 FELL STREET BALTIMORE, MD 21231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ABERCROMBIE, CHARLOTTE 5269 HENRY TOWN ROAD SEVIERVILLE, TN 37876 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ANDERSON, DWIGHT 16070 HENDERSON ROAD ALPHARETTA, GA 30004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUERTH, GEORGIANN 7332 GREENBANK ROAD BALTIMORE, MD 21220 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LARRY HAMMAR 1440 MORRIS AVE BERKELEY, IL 60163 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY MAYERS PO BOX 10 JAMES CITY, FL 32956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Julie Crane Date: 4-19-06 Daytime Phone #: 352937211

ATTACHMENT 40075958

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11. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 10 (cont'd from attached)

TITLE: D Addition
NAME: Carolyn Mortgu - Furrer
ADDRESS: 124 Maryland Avenue
CITY-ST-ZIP: Palmyra, NJ 08065

TITLE: Assistant to the Secretary Addition
NAME: Julie Crane
ADDRESS: 2205 Harris Avenue
CITY-ST-ZIP: Key West, FL 33040