

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766069

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

323 WHITEHEAD STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

323 WHITEHEAD STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2735297 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRANE, JULIE
323 WHITEHEAD STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MORTGU-FURRER, CAROLYN
Address: 124 MARYLAND AVENUE
City-St-Zip: PALMYRA, NJ 08065

Title: VP () Delete
Name: LACY, BRUCE
Address: 160 PINE TREE DRIVE
City-St-Zip: HONEYBROOK, PA 19344

Title: D () Delete
Name: TURNBAUGH, CHARLES
Address: 960 FELL STREET
City-St-Zip: BALTIMORE, MD 21231

Title: T () Delete
Name: WILLIS, JAMES B
Address: 275-B CORYLUS PLAZA #8
City-St-Zip: MONROE TWP, NJ 08831

Title: D () Delete
Name: CIMINI, JOSEPH
Address: 4307 EDGEWATER DRIVE
City-St-Zip: LAKE CHARLES, LA 70605

Title: P () Delete
Name: MYERS, JERRY
Address: POB 10
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LACHAT-LYNCH, AMY
Address: 820 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE CRANE

Electronic Signature of Signing Officer or Director

GM

01/15/2009

Date