

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90241 013 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2735297**

Applied For

Not Applicable

Zip Country Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, LORI	
STREET ADDRESS	1514 FOURTH ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SONGER, MARK	
STREET ADDRESS	2217 TOWNLEY ROAD	
CITY-ST-ZIP	TOLEDO OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIER, VANCE	
STREET ADDRESS	323 WHITEHEAD ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SUROWIECKI, STEVE	
STREET ADDRESS	2036 SE 17TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ABRAMS, RICHARD	
STREET ADDRESS	593 S. BERMONT AVE.	
CITY-ST-ZIP	LAFAYETTE CO 80028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, JERRY E.	
STREET ADDRESS	2381 OLEANDER ST.	
CITY-ST-ZIP	JAMES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ROB O NEILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1728 WISCONSIN AVE N.W. #241	
STREET ADDRESS	WASHINGTON, DC 20007	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUNTORIA P. VANBOURGOIN	
STREET ADDRESS	1534 GLEN COVE LANE	
CITY-ST-ZIP	BELLINGHAM, WASH 98229-5026	

12. 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 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: _____ **SIGNATURE REQUIRED** 2/4/03 305-296-7786 #227

CR2E037 (10/02)