FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766655 (5)

1. Corporation Name

BANYAN TREE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT INC. 14539 S.W. 119 AVE. MIAMI FL 33186	C/O MIAMI MANAGEMENT INC. 14539 S.W. 119 AVE. MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1983
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2390641 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 MIAMI MANAGEMENT, INC. 22 14275 SW 142 AVE. Suite, Apt. #: 23 MIAMI, FL 33186 City & State		2a. Mailing Address 26 MIAMI MANAGEMENT, INC. 27 14275 SW 142 AVE. Suite, Apt. #: 28 MIAMI, FL 33186 City & State	
24 Zip	25 Country	29 Zip	30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRIAY, CARLOS 999 PONCE DE LEON BLVD S1110 CORAL GABLES FL 33134	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 607.0502 and 607.1508, 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 607.0505, 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	VD	13.1 TITLE	☐ Change ☐ Addition
NAME	BARRIGA, JORGE	13.2 NAME	
STREET ADDRESS	9506 SW 151ST CT	13.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	
TITLE	PD	13.1 TITLE	☐ Change ☐ Addition
NAME	TYLER, PATRICK	13.2 NAME	
STREET ADDRESS	9870 HAMMOCKS BLVD #108	13.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	
TITLE	SD	13.1 TITLE	D ☑ Change ☐ Addition
NAME	JOHNSON, ANITA	13.2 NAME	Johnson, Anita
STREET ADDRESS	9800 HAMMOCKS BLVD	13.3 STREET ADDRESS	9800 Hammocks Blvd, #102
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	Miami, Fl.
TITLE	TD	13.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, HAROLD	13.2 NAME	
STREET ADDRESS	9874 HAMMOCKS BLVD #108	13.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	
TITLE	D	13.1 TITLE	S ☑ Change ☐ Addition
NAME	LUCENA, JOSEPH D	13.2 NAME	Lucena, Joseph D.
STREET ADDRESS	9886 HAMMOCKS BLVD 102	13.3 STREET ADDRESS	9886 Hammocks Blvd, #102
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	Miami, Fl.
TITLE	D	13.1 TITLE	D. ☐ Change ☑ Addition
NAME	GULLA, WILLIAM	13.2 NAME	Krugliak, Zvi
STREET ADDRESS	9850 HAMMOCKS BLVD #108	13.3 STREET ADDRESS	14421 SW 74 St.
CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	Miami, Fl.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Patrick Tyler PATRICK TYLER 2/23/95 432-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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