2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90081 021 ****61.25

DOCUMENT # 766655

1. Entity Name

BANYAN TREE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
O MIAMI MANAGEMENT INC. 275 SW 142 AVE AMI FL 33186 S	C/O MIAMI MANAGEMENT INC. 14275 SW 142 AVE MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2390641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIAY, CARLOS 999 PONCE DE LEON BLVD S1110 CORAL GABLES FL 33134	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.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
AME	SEGARRA, PEDRO		NAME		
TREET ADDRESS	9802 HAMMOCKS BLVD #204		STREET ADDRESS		
TY-ST-ZIP	MIAMI FL 33196		CITY-ST-ZIP		
TLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
AME	TYLER, PATRICK		NAME		
TREET ADDRESS	9870 HAMMOCKS BLVD #108		STREET ADDRESS		
TY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
AME	JOHNSON, ANITA		NAME		
TREET ADDRESS	9800 HAMMOCKS BLVD #102		STREET ADDRESS		
TY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
AME	HARPER, HAROLD		NAME		
TREET ADDRESS	9874 HAMMOCKS BLVD #108		STREET ADDRESS		
TY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
AME	KRUGLIAK, ZVI		NAME		
TREET ADDRESS	14421 SW 74 STREET		STREET ADDRESS		
TY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
AME	WAGNER, MARJORIE		NAME		
TREET ADDRESS	9708 HAMMOCK BLVD #201		STREET ADDRESS		
TY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)