

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR -1 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766655

1. Entity Name
BANYAN TREE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O MIAMI MANAGEMENT INC.
14275 SW 142 AVE
MIAMI, FL 33186 US

Mailing Address

C/O MIAMI MANAGEMENT INC.
14275 SW 142 AVE
MIAMI, FL 33186 US

12/22/03 01091 019 61.25



02162004 No Chg-NP

CR2E037 (10/03)

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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

TRIAY, CARLOS A
10570 N.W. 27 STREET
SUITE 103
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUHRST, JEFFREY
STREET ADDRESS 9800 HAMMOCKS BLVD #103
CITY-ST-ZIP MIAMI, FL 33196

TITLE TD
NAME HARPER, HAROLD
STREET ADDRESS 9874 HAMMOCKS BLVD #108
CITY-ST-ZIP MIAMI, FL 33196

TITLE SD
NAME JOHNSON, ANITA
STREET ADDRESS 9800 HAMMOCKS BLVD #102
CITY-ST-ZIP MIAMI, FL 33196

TITLE D
NAME KRUGLIAK, ZVI
STREET ADDRESS 14421 S.W. 74 STREET
CITY-ST-ZIP MIAMI, FL

TITLE D
NAME SEGARRA, PEDRO
STREET ADDRESS 9802 HAMMOCKS BLVD #204
CITY-ST-ZIP MIAMI, FL 33196

TITLE D
NAME TYLER, PATRICK
STREET ADDRESS 9870 HAMMOCK BLVD #108
CITY-ST-ZIP MIAMI, FL 33196

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IN THIS SPACE**

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:

HAROLD J. HARPER
Harold J. Harper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04 305 237-2723

Date

Daytime Phone #