

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90166 013 ****61.25

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		
2. Principal Place of Business c/o JDB Administration & Associated Services, Corp Suite, Apt. #, etc. 10711 S.W. 216 Street		3. Mailing Address Suite, Apt. #, etc. 10711 S.W. 216 Street		04132006 Chg-NP CR2E037 (11/05)	
City & State Miami, FL #201		City & State Miami, FL #201		4. FEI Number 59-2390641	
Zip 33170		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIAY, CARLOS A 3750 NW 87 AVENUE SUITE 100 DORAL, FL 33178			7. Name and Address of New Registered Agent Name: GLASSFORD, DALE C. Street Address: 12928 SW 133 Court #A City: Miami FL Zip Code: 33186		
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: 4/25/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE PD NAME HUHRST, JEFFREY STREET ADDRESS 9850 HAMMOCKS BLVD. #103 CITY-ST-ZIP MIAMI, FL 33196	☐ Delete				
TITLE TD NAME HARPER, HAROLD STREET ADDRESS 9874 HAMMOCKS BLVD #108 CITY-ST-ZIP MIAMI, FL 33196	☒ Delete				
TITLE SD NAME JOHNSON, ANITA STREET ADDRESS 9800 HAMMOCKS BLVD #102 CITY-ST-ZIP MIAMI, FL 33196	☐ Delete				
TITLE D NAME KRUGLIAK, ZVI STREET ADDRESS 14421 S.W. 74 STREET CITY-ST-ZIP MIAMI, FL	☐ Delete				
TITLE D NAME SEGARRA, PEDRO STREET ADDRESS 9802 HAMMOCKS BLVD #204 CITY-ST-ZIP MIAMI, FL 33196	☐ Delete				
TITLE D NAME TYLER, PATRICK STREET ADDRESS 9870 HAMMOCK BLVD #108 CITY-ST-ZIP MIAMI, FL 33196	☒ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD NAME HUHRST, JEFFREY STREET ADDRESS 9850 HAMMOCKS BLVD. #103 CITY-ST-ZIP MIAMI, FL 33196	☒ Change ☐ Addition				
TITLE D NAME JOHN, PATRICIA STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition				
TITLE NAME CASTRO, ROBERT STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition				
TITLE D NAME THOMPSON, IVETTE STREET ADDRESS 9870 HAMMOCKS BLVD. #104 CITY-ST-ZIP MIAMI, FL 33196	☐ Change ☐ Addition				
TITLE NAME GONZALEZ, FERNANDO STREET ADDRESS 9874 HAMMOCKS BLVD. CITY-ST-ZIP MIAMI, FL 33196	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DATE: 4/17/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					