

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

AMENDED

08-04-2003 90153 019 ***61.25
766655

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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
999 PONCE DE LEON BLVD
S1110
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **CARLOS A. TRIAY**
Street Address (P.O. Box Number is Not Acceptable)
10570 N.W. 27 STREET
SUITE #103
City **MIAMI** FL Zip Code **33172**

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 of individual or limited name of registered agent and file if applicable.

(NOTE: Registered Agent Signature required when retaining)

DATE

FILE NOW FEE IS \$81.25

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

TITLE	VD	☒ Delete
NAME	SEGARRA, PEDRO	
STREET ADDRESS	9802 HAMMOCKS BLVD #204	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	PD	☒ Delete
NAME	TYLER, PATRICK	
STREET ADDRESS	9870 HAMMOCKS BLVD #108	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	☒ Delete
NAME	JOHNSON, ANITA	
STREET ADDRESS	9800 HAMMOCKS BLVD #102	
CITY-ST-ZIP	MIAMI, FL	
TITLE	TD	☒ Delete
NAME	HARPER, HAROLD	
STREET ADDRESS	9874 HAMMOCKS BLVD #108	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	☒ Delete
NAME	KRUGLIAK, ZVI	
STREET ADDRESS	14421 SW 74 STREET	
CITY-ST-ZIP	MIAMI, FL	
TITLE	S	☒ Delete
NAME	WAGNER, MARJORIE	
STREET ADDRESS	9706 HAMMOCK BLVD #201	
CITY-ST-ZIP	MIAMI, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	JEFFREY HURST	
STREET ADDRESS	9800 HAMMOCKS BLVD #103	
CITY-ST-ZIP	MIAMI, FLORIDA 33196	
TITLE	TD	☐ Change ☒ Addition
NAME	HAROLD HARPER	
STREET ADDRESS	9874 HAMMOCKS BLVD #108	
CITY-ST-ZIP	MIAMI, FLORIDA 33196	
TITLE	SD	☐ Change ☒ Addition
NAME	ANITA JOHNSON	
STREET ADDRESS	9800 HAMMOCKS BLVD #102	
CITY-ST-ZIP	MIAMI, FLORIDA 33196	
TITLE	D	☐ Change ☒ Addition
NAME	ZVI KRUGLIAK	
STREET ADDRESS	14421 S.W. 74 STREET	
CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	D	☐ Change ☒ Addition
NAME	PEDRO SEGARRA	
STREET ADDRESS	9802 HAMMOCKS BLVD #204	
CITY-ST-ZIP	MIAMI, FLORIDA 33196	
TITLE	D	☐ Change ☒ Addition
NAME	PATRICK TYLER	
STREET ADDRESS	9870 HAMMOCKS BLVD #108	
CITY-ST-ZIP	MIAMI, FLORIDA 33196	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03

Date

Daytime Phone #

CR2037 (10/02)