

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 16 PM 1:26

DOCUMENT # K41672

1. Entity Name  
BANANA CAY APTS., INC.



Principal Place of Business  
1637 EAST VINE ST STE E  
KISSIMMEE, FL 34744

Mailing Address  
1637 EAST VINE ST STE E  
KISSIMMEE, FL 34744



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2920656

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOMPKINS, THOMAS N.  
1731 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000048870060  
3/22/05--01040--028 \*\*158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMPKINS, THOMAS N 1731 BOGGY CREEK RD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOMPKINS, THOMAS N. 1731 BOGGY CREEK ROAD. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROUNSEVILLE, ROY H. 3709 S.E DOUBLETION DRIVE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RONNSEVILLE, ROY H 3709 SB DOUBLETION DR. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIXON, KEN 1637 E VINE ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 607, 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

THOMAS N. TOMPKINS, U.P.

3-15-05

Date

407-847-6712

Daytime Phone #