

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUL 25 AM 8:09

DOCUMENT # N32637 (3)
 1. Corporation Name
BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P.O. BOX 25965 P.O. BOX 25965
 TAMARAC FL 33320 TAMARAC FL 33320

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 06/01/1989 03/15/1994
 4. FEI Number Applied For
 65-0196511 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 NOVIN, ANDREA BETH
 9500 NW 52 COURT
 SUNRISE FL 33351

10. Name and Address of New Registered Agent
 81 Name **Richard C Pollock**
 82 Street Address (P.O. Box Number is Not Acceptable) **7797 North University Drive**
 83 **Suite 105**
 84 City **Tamarac** 85 Zip Code **FL 33321**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/30/95**

12. OFFICERS AND DIRECTORS
 TITLE DS
 NAME MORRISSEY, MICHAEL
 STREET ADDRESS 8528 NW 53RD ST.
 CITY ST ZIP SUNRISE FL 33351
 TITLE P
 NAME WEST, GORDON
 STREET ADDRESS 9468 NW 53 ST.
 CITY ST ZIP SUNRISE FL
 TITLE D
 NAME WAINGROW, NEIL
 STREET ADDRESS 9485 NW 52ND PL.
 CITY ST ZIP SUNRISE FL 33351
 TITLE VP
 NAME JAMES, RICHARD
 STREET ADDRESS 9460 NW 52 CT.
 CITY ST ZIP SUNRISE FL
 TITLE DT
 NAME NOVIN, ANDREA
 STREET ADDRESS 9500 NW 52 CT.
 CITY ST ZIP SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE **DP**
 12 NAME **BRUCE OTTE**
 13 STREET ADDRESS **9477 NW 52 MAJOR**
 14 CITY ST ZIP **SUNRISE, FL 33351**
 21 TITLE **DVP**
 22 NAME **DWAYNE DRIGGERS**
 23 STREET ADDRESS **9563 NW 52 Street**
 24 CITY ST ZIP **SUNRISE, FL 33351**
 31 TITLE **VP**
 32 NAME **ROBERT NEIR**
 33 STREET ADDRESS **9501 NW 52 MAJOR**
 34 CITY ST ZIP **SUNRISE, FL 33351**
 41 TITLE **DS**
 42 NAME **CAROLE WEST**
 43 STREET ADDRESS **9468 NW 53 STREET**
 44 CITY ST ZIP **SUNRISE, FL 33351**
 51 TITLE **DT**
 52 NAME **KAREN DEMARTINO**
 53 STREET ADDRESS **9484 NW 52 MAJOR**
 54 CITY ST ZIP **SUNRISE, FL 33351**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JUDLADICKA, JEAN SLADICKA - ASST. TREASURER** 6/27/95 305746-9882

CR2E037 (3/95)