


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 12 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32637 (3)

1. Corporation Name
BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business P.O. BOX 25965 TAMARAC FL 33320	Mailing Address P.O. BOX 25965 TAMARAC FL 33320
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/01/1989	3a. Date of Last Report 04/04/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0196511	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POLLOCK, RICHARD
7797 N UNIVERSITY DRIVE
SUITE 105
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP WEST, GORDON	1.1 TITLE DP
NAME	WEST, GORDON	1.2 NAME Gazzillo, Jim
STREET ADDRESS	9488 NW 53 STREET	1.3 STREET ADDRESS 5281 N.W. 96th Ave.
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP Sunrise, FL 33351
TITLE	VDP	2.1 TITLE VDP
NAME	ROBERTS, ADOLPHE	2.2 NAME Brian Weber
STREET ADDRESS	9589 NW 53 STREET	2.3 STREET ADDRESS 5269 N.W. 96th Ave.
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP Sunrise, FL 33351
TITLE	DS	3.1 TITLE DS
NAME	COLLINS, CHARLES	3.2 NAME Wesley Burritt
STREET ADDRESS	9577 NW 52 MANOR	3.3 STREET ADDRESS 9567 NW 52nd Manor
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP Sunrise, Florida
TITLE	DT	4.1 TITLE DT
NAME	SLADILKA, JEAN	4.2 NAME Pam Rohr
STREET ADDRESS	9487 SW 52 MANOR	4.3 STREET ADDRESS 9518 NW 53 Street
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP Sunrise, Florida
TITLE		5.1 TITLE DT
NAME		5.2 NAME Pam Rohr
STREET ADDRESS		5.3 STREET ADDRESS 9518 NW 53 Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP Sunrise, Florida
TITLE		6.1 TITLE DT
NAME		6.2 NAME Pam Rohr
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E037 (4/97)