NONPROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 24 1998 8:00am
Secretary of State

DOCUMENT # N32637 (3)

1. Corporation Name

BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

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

3. Date Incorporated or Qualified
06/01/1989

4. FEI Number **65-0196511**	Applied For ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

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 FL	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 ☒ DELETE		1.1 TITLE D P	☒ Change ☐ Addition
NAME GAZZILLO, JIM		1.2 NAME Richard Calkins	
STREET ADDRESS 5281 NW 96TH AVE		1.3 STREET ADDRESS 9579 N.W. 53rd Street	
CITY-ST-ZIP SUNRISE FL		1.4 CITY-ST-ZIP Sunrise, Fl 33351	
TITLE VDP ☒ DELETE		2.1 TITLE D V P	☒ Change ☐ Addition
NAME WEBER, BRIAN		2.2 NAME John Fodera	
STREET ADDRESS 5269 NW 96TH AVE		2.3 STREET ADDRESS 9471 N.W. 52nd Street	
CITY-ST-ZIP SUNRISE FL		2.4 CITY-ST-ZIP Sunrise, Fl 33351	
TITLE DS ☒ DELETE		3.1 TITLE D S	☒ Change ☐ Addition
NAME BURRITT, WESLEY		3.2 NAME Patricia Bertrand	
STREET ADDRESS 9567 NW 52ND MANOR		3.3 STREET ADDRESS 9589 N.W. 53rd Street	
CITY-ST-ZIP SUNRISE FL		3.4 CITY-ST-ZIP Sunrise, Fl 33351	
TITLE DT ☒ DELETE		4.1 TITLE D T	☒ Change ☐ Addition
NAME ROHR, PAM		4.2 NAME Seann Sampson	
STREET ADDRESS 9518 NW 53RD ST		4.3 STREET ADDRESS 9577 N.W. 52nd Manor	
CITY-ST-ZIP SUNRISE FL		4.4 CITY-ST-ZIP Sunrise, Fl 33351	
TITLE ☐ DELETE		5.1 TITLE D	☒ Change ☐ Addition
NAME		5.2 NAME Pam Driggers	
STREET ADDRESS		5.3 STREET ADDRESS 9563 N.W. 52nd Court	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Sunrise, Fl 33351	
TITLE D ☐ DELETE		6.1 TITLE D	☒ Change ☐ Addition
NAME Julio Torre		6.2 NAME Bernard Shea	
STREET ADDRESS 9574 N.W. 52nd Manor		6.3 STREET ADDRESS 9588 N.W. 53rd Street	
CITY-ST-ZIP Sunrise, Fl 33351		6.4 CITY-ST-ZIP Sunrise, Fl 33351	

14. 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 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: _Richard J Calkins_ PRESIDENT   3-15-98   (954) 742 6250

CR2E037 (10/97)