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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32637 (3)
T. 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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3. Date Incorporated or Qualified 06/01/1989	4. FEI Number 65-0196511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GAZZILLO, JIM	
STREET ADDRESS	5281 NW 96TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VDP	<input checked="" type="checkbox"/> DELETE
NAME	WEBER, BRIAN	
STREET ADDRESS	5269 NW 96TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BURRITT, WESLEY	
STREET ADDRESS	9567 NW 52ND MANOR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ROHR, PAM	
STREET ADDRESS	9518 NW 53RD ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	Julio Torre	
STREET ADDRESS	9574 N.W. 52nd Manor	
CITY-ST-ZIP	Sunrise, FL 33351	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Calkins	
1.3 STREET ADDRESS	9579 N.W. 53rd Street	
1.4 CITY-ST-ZIP	Sunrise, FL 33351	
2.1 TITLE	D V P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Fodera	
2.3 STREET ADDRESS	9471 N.W. 52nd Street	
2.4 CITY-ST-ZIP	Sunrise, FL 33351	
3.1 TITLE	D S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patricia Bertrand	
3.3 STREET ADDRESS	9589 N.W. 53rd Street	
3.4 CITY-ST-ZIP	Sunrise, FL 33351	
4.1 TITLE	D T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Seann Sampson	
4.3 STREET ADDRESS	9577 N.W. 52nd Manor	
4.4 CITY-ST-ZIP	Sunrise, FL 33351	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pam Driggers	
5.3 STREET ADDRESS	9563 N.W. 52nd Court	
5.4 CITY-ST-ZIP	Sunrise, FL 33351	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bernard Shea	
6.3 STREET ADDRESS	9588 N.W. 53rd Street	
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 Calkins, President* 3-11-98 (824) 742 6250

CR2E037 (10/97)