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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32637

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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

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 SAMPSON SEANN
82 Street Address (P.O. Box Number is Not Acceptable)
9577 NW 52ND MANOR
83
84 City SUNRISE FL 85 Zip Code 33351

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

4/20/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CALKINS, RICHARD	
STREET ADDRESS	9579 NW 3RD STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FODERA, JOHN	
STREET ADDRESS	9471 NW 52ND STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BERTRAND, PATRICIA	
STREET ADDRESS	9589 NW 53RD STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SAMPSON, SEANN	
STREET ADDRESS	9577 NW 52ND MANOR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRIGGERS, PAM	
STREET ADDRESS	9563 NW 52ND COURT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TORRE, JULIO	
STREET ADDRESS	9574 NW 52ND MANOR	
CITY-ST-ZIP	SUNRISE FL 33351	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAMPSON, SEANN	
1.3 STREET ADDRESS	9577 NW 52ND MANOR	
1.4 CITY-ST-ZIP	SUNRISE FL 33351	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARRISON, DEREK	
2.3 STREET ADDRESS	9519 NW 53 ST	
2.4 CITY-ST-ZIP	SUNRISE FL 33351	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WITKAND, MAGGIE	
3.3 STREET ADDRESS	9503 NW 52ND COURT	
3.4 CITY-ST-ZIP	SUNRISE FL 33351	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REYNOLDS, MIKE	
4.3 STREET ADDRESS	9523 NW 52ND COURT	
4.4 CITY-ST-ZIP	SUNRISE FL 33351	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHEA, BERNARD	
5.3 STREET ADDRESS	9588 NW 53RD 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	REYNOLDS, MARY	
6.3 STREET ADDRESS	9523 NW 52ND COURT	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 954 255 1175

Date

Daytime Phone #

CR2E037 (1/98)