

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90060 026 ****61.25

DOCUMENT # N32637

1. Entity Name
Banyan Estates Homeowners Assoc., Inc.

Principal Place of Business Mailing Address
1189 Sawgrass Corp. 1189 Sawgrass Corp
1189 Sawgrass Corp. Pkwy. Sunrise FL 33323
Sunrise, FL 33323

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 650190511 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Sean Sampson
9577 NW 52 Manor

7. Name and Address of New Registered Agent

Name Edward P. Kreiling
 Street Address (P.O. Box Number is Not Acceptable) _____
2500 Weston Rd. Suite 220
 City Weston FL Zip Code 33331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  Edward P. Kreiling DATE 4/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to:
 Department of State**

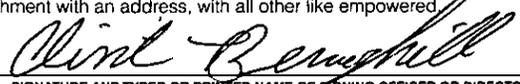
10. OFFICERS AND DIRECTORS

TITLE	<u>DP</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Sean Sampson</u>	
STREET ADDRESS	<u>9577 NW 52 Manor</u>	
CITY-ST-ZIP	<u>Sunrise FL 33351</u>	
TITLE	<u>DVP</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Derek Harrison</u>	
STREET ADDRESS	<u>9519 NW 53 St.</u>	
CITY-ST-ZIP	<u>Sunrise FL 33351</u>	
TITLE	<u>DS</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Maggie Whiteland</u>	
STREET ADDRESS	<u>4503 NW 52 Ct.</u>	
CITY-ST-ZIP	<u>Sunrise FL 33351</u>	
TITLE	<u>DT</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Nike Reynolds</u>	
STREET ADDRESS	<u>2523 NW 52 Ct.</u>	
CITY-ST-ZIP	<u>Sunrise FL 33351</u>	
TITLE	<u>P</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Mary Reynolds</u>	
STREET ADDRESS	<u>4523 NW 52 Ct.</u>	
CITY-ST-ZIP	<u>Sunrise FL 33351</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<u>D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Neil Weingrow</u>	
STREET ADDRESS	<u>1189 Sawgrass Corp. Pkwy</u>	
CITY-ST-ZIP	<u>Sunrise FL 33323</u>	
TITLE	<u>DS</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Rachel Castoire</u>	
STREET ADDRESS	<u>1189 Sawgrass Corp. Pkwy.</u>	
CITY-ST-ZIP	<u>Sunrise FL 33323</u>	
TITLE	<u>DP</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Cint Berryhill</u>	
STREET ADDRESS	<u>1189 Sawgrass Corp. Pkwy.</u>	
CITY-ST-ZIP	<u>Sunrise FL 33323</u>	
TITLE	<u>DVP</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>John Fodera</u>	
STREET ADDRESS	<u>1189 Sawgrass Corp Pkwy</u>	
CITY-ST-ZIP	<u>Sunrise FL 33323</u>	
TITLE	<u>DT</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Julie Cohen</u>	
STREET ADDRESS	<u>1189 Sawgrass Corp Pkwy</u>	
CITY-ST-ZIP	<u>Sunrise FL 33323</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4-4-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)