

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90371 011 ****61.25

DOCUMENT # N32637

1. Entity Name

BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O MIAMI MANAGEMENT INC.
 1189 SAWGRASS CORP. PKWY.
 SUNRISE FL 33323**

**C/O MIAMI MANAGEMENT INC.
 1189 SAWGRASS CORP. PKWY.
 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

65-0196511

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KREILING, EDWARD P
 2500 WESTON ROAD
 SUITE 220
 WESTON FL 33331**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WAINGROW, NEIL	
STREET ADDRESS	1189 SAWGRASS CORP. PKWY	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CASTOIRE, RACHEL	
STREET ADDRESS	1189 SAWGRASS CORP. PKWY.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	FODERA, JOHN	
STREET ADDRESS	1189 SAWGRASS CORP. PKWY	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COHEN, JULIE	
STREET ADDRESS	1189 SAWGRASS CORP. PKWY.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BERRYHILL, CLINT	
STREET ADDRESS	1189 SAWGRASS CORP. PKWY.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Feisthammel	
STREET ADDRESS	1189 Sawgrass Corp. Pkwy	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Rachel Castoire **SIGNATURE REQUIRED**

2-6-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)