
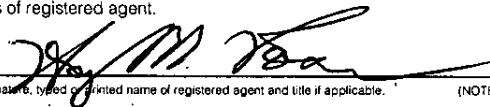


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90043 046 ****61.25

DOCUMENT # N32637			
1. Entity Name BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O MIAMI MANAGEMENT INC. 1189 SAWGRASS CORP. PKWY. SUNRISE, FL 33323		Mailing Address 1145 SAWGRASS CORP SUNRISE, FL 33323	
2. Principal Place of Business C/O MIAMI MANAGEMENT, INC. Suite, Apt. #, etc. 1145 SAWGRASS CORP PKY City & State SUNRISE, FL		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33323		Country BROWARD	
4. FEI Number 65-0196511		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KREILING, EDWARD P 2500 WESTON ROAD SUITE 220 WESTON, FL 33331		7. Name and Address of New Registered Agent Name: Harry M. Rosen, Esq. Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON RD. # 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 02-23-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: WAINGROW, NEIL STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: WATSON, GEORGE STREET ADDRESS: 5241 NW 95 AVE. CITY-ST-ZIP: SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: CASTOIRE, RACHEL STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE: P NAME: Feisthammel, Dale STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: DEISTHAMMEL, DALE STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE: DT NAME: COHEN, JULIE STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: MCPHERRAN, SCOTT STREET ADDRESS: 1145 SAWGRASS CORP PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE: VP NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Dale Feisthammel		Date: 020604	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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01232004 Chg-NP CR2E037 (10/03)