

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32637

FILED
Apr 17, 2009
Secretary of State

Entity Name: BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT INC.
1145 SAWGRASS CORP. PKY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1145 SAWGRASS CORP
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-0196511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER P.A.
CORPORATE CENTER
150 SOUTH PINE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FEISTHAMMEL, DALE
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: VP () Delete
Name: SAMUELS, ROBERTA
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: KNOLES, RODGER
Address: 1145 SAWGRASS CORP PKWY
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: MONROY, DOMINGO
Address: 1145 SAWGRASS CORPPKWY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE FEISTHAMMEL

P

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date