

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90440 045 \*\*\*\*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  
**C/O MIAMI MANAGEMENT INC.  
1189 SAWGRASS CORP. PKWY.  
SUNRISE FL 33323**

2. Principal Place of Business

3. Mailing Address  
**1145 SAWGRASS CORP.**

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WAINGROW, NEIL	1189 SAWGRASS CORP. PKWY	SUNRISE FL 33323	<input type="checkbox"/>
DS	CASTOIRE, RACHEL	1189 SAWGRASS CORP. PKWY.	SUNRISE FL 33323	<input type="checkbox"/>
DVP	DEISTHAMMEL, DALE	1189 SAWGRASS CORP. PKWY	SUNRISE FL 33323	<input type="checkbox"/>
DT	COHEN, JULIE	1189 SAWGRASS CORP. PKWY.	SUNRISE FL 33323	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1145 SAWGRASS CORP. PKWY		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1145 SAWGRASS CORP. PKWY		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PRESIDENT	FEISTHAMMEL, DALE	1145 SAWGRASS CORP. PKWY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1145 SAWGRASS CORP. PKWY		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	V.P.	SCOTT McPHERRAN	1145 SAWGRASS CORP. PKWY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		SUNRISE, FL. 33323		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

012903 954632-4430

CR2E037 (10/02)