

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34777

1. Entity Name

BANYAN COVE TOWNHOME OWNERS ASSOCIATION, INC.

Principal Place of Business

141 RIVERSIDE DRIVE  
CAPE CANAVERAL FL 32920

Mailing Address

141 RIVERSIDE DRIVE  
CAPE CANAVERAL FL 32920

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HARRIS, MICHAEL  
141 RIVERSIDE DR.  
CAPE CANAVERAL FL 32920

4. FEI Number

59-2970510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 MICHAEL B HARRIS

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

*Michael B Harris*

(NOTE: Registered Agent signature required when reinstating)

4-18-01

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>GOODWIN, ANNETTE G</del> <del>119 RIVERSIDE DR</del> CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARRIS, MICHAEL 141 RIVERSIDE DRIVE CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARRON, SHIRLEY A 157 RIVERSIDE DR CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>HAASE, DALE</del> <del>120 RIVERSIDE DR</del> CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <del>ZAPATA, EDGAR</del> <del>147 RIVERSIDE DR</del> CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALAN TAYLOR 117 RIVERSIDE DR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANNY MILLS 129 RIVERSIDE DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN BENNY 155 RIVERSIDE DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Michael B Harris* SECRETARY/TREASURER

4-18-01

Date

321.784.9234

Daytime Phone #

CR2E037 (10/00)

0029251

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90214 013 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE