

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

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90158 016 \*\*\*\*61.25

**DOCUMENT # N34777**

1. Entity Name

**BANYAN COVE TOWNHOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

**115 RIVERSIDE DRIVE  
CAPE CANAVERAL FL 32920**

Mailing Address

**115 RIVERSIDE DRIVE  
CAPE CANAVERAL FL 32920**

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 **59-2970510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MEHLHORN, LINDSAY  
115 RIVERSIDE DRIVE  
CAPE CANAVERAL FL 32920**

Name

Street A

City

**MATTHEW T. BURKE, CPA**

**503 N. ORLANDO AVE., SUITE 106  
COCOA BEACH, FL 32931**

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	PS TAYLOR, ALLAN 117 RIVERSIDE DRIVE CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEHLHORN, LINDSAY 115 RIVERSIDE DRIVE CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, MICHAEL 141 RIVERSIDE DR CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTILEK, RONALD 147 RIVERSIDE DRIVE CAPE CANAVERAL FL 32920	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASON, KATHARINE 123 RIVERSIDE DRIVE CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, DANNY 129 RIVERSIDE DRIVE CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mehlhorn Lindsay 115 Riverside Drive CAPE CANAVERAL FL 32920	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTER, KATHRYN 133 Riverside Drive Cape Canaveral FL 32920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVALOS, FRANK 107 Riverside Dr. CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Change <input checked="" 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: Lindsay Mehlhorn CLINDSA Mehlhorn - TREASURER 2-26-03 321-784-2549

CR2E037 (10/02)