

FILE NOW: FILING FEE IS \$61.25

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Jun 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44239 (4)**  
1. Corporation Name  
**THE BANYAN ROAD HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH FL 33480</b>	Mailing Address <b>321 ROYAL POINCIANA PLAZA, SOUTH PALM BEACH FL 33480-4019</b>
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2. Principal Place of Business <b>21 11891 U.S. 1</b>	2a. Mailing Address <b>26 11891 U.S. 1</b>	3. Date Incorporated or Qualified <b>07/05/1991</b>	3a. Date of Last Report <b>08/12/1996</b>
Suite, Apt. #, etc. <b>22 Suite 201</b>	Suite, Apt. #, etc. <b>27 Suite 201</b>	4. FEI Number <b>65-0316644</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 North Palm Beach, FL</b>	City & State <b>28 North Palm Beach, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 33408</b>	Country <b>25 U.S.A.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HAMBY, LOUIS L., III 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name	<b>James D. Ryan</b>		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>11891 U.S. Highway 1</b>		
<b>83</b>	<b>Suite 201</b>		
<b>84</b> City	<b>North Palm Beach</b>	<b>FL</b>	<b>85</b> Zip Code <b>33408</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHACE, ARNOLD B., JR.</b>	1.2 NAME	<b>Elissa Kenna</b>
STREET ADDRESS	<b>731 HOSPITAL TRUST BLDG</b>	1.3 STREET ADDRESS	<b>12210 Banyan Road</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	1.4 CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHACE, MALCOLM G., III</b>	2.2 NAME	<b>Robert Kenna</b>
STREET ADDRESS	<b>731 HOSPITAL TRUST BLDG</b>	2.3 STREET ADDRESS	<b>12210 Banyan Road</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	2.4 CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>
TITLE	<b>DST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STORRS, DOUGLAS S.</b>	3.2 NAME	<b>Lee Chimerakis</b>
STREET ADDRESS	<b>731 HOSPITAL TRUST BLDG</b>	3.3 STREET ADDRESS	<b>12389 Banyan Road</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	3.4 CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**SIGN & DATE**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* DATE **June 19 1997**

CR2E037 (9/96)