

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90028 017 ****61.25

DOCUMENT # N44239

1. Entity Name

THE BANYAN ROAD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12391 BANYON RD
 NORTH PALM BEACH FL 33408
 US

11891 US 1
 STE #201
 NORTH PALM BEACH FL 33408-2864
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0316644

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, JAMES D
 11891 US HIGHWAY 1
 STE #201
 NORTH PALM BEACH FL 33408

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** Delete
 NAME **SEXTON, DENISE M** **SEXTON**
 STREET ADDRESS **12391 BANYON RD**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE Change Addition
 NAME **SEXTON, Denise M**
 STREET ADDRESS **12391 Banyan Rd**
 CITY-ST-ZIP **NPB FL 33408** Change Addition

TITLE **VPD** Delete
 NAME **KENNA, ROBERT**
 STREET ADDRESS **12210 BANYAN ROAD**
 CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **CHIMERAKIS, LEE**
 STREET ADDRESS **12389 BANYAN ROAD**
 CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Denise Sexton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/00 561-776-8064

CR2E037 (9/99)