


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 029 ****61.25

DOCUMENT # N44239			
1. Entity Name THE BANYAN ROAD HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 12407 BANYAN ROAD NORTH PALM BEACH, FL 33408 US		Mailing Address 12407 BANYAN ROAD NORTH PALM BEACH, FL 33408 US	
2. Principal Place of Business - No P.O. Box # 13278 Saint Tropez Cir		3. Mailing Address 13278 Saint Tropez Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
07172007 Chg-NP		CR2E037 (12/06)	
City & State Palm Beach Gardens, Fl.		City & State Palm Beach Gardens Fl	
4. FEI Number 65-0316644		Applied For <input type="checkbox"/> Not Applicable	
Zip 33410		Country Palm Beach	
Country Palm Beach		Zip 33410	
Country Palm Beach		Country Palm Beach	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAILE, SHAW & PFAFFENBERGER, P.A. 660 U.S. #1 3RD FLOOR 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. 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			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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	STD ADAMS, CAROL 12357 BANYAN ROAD NORTH PALM BEACH, FL 33408 <i>same</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOGART, BRUCE 12321 BANYON RD NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Bruce Bogart</i> <i>12331 Banyan Rd</i> <i>North Palm Beach, FL 33408</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIMERAKIS, LEE 12407 BANYAN ROAD NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD</i> <i>Charles Wear</i> <i>12423 Banyan Rd</i> <i>North Palm Beach, FL 33408</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <i>Bruce Bogart, President</i>		8/5/07 561-776-5452	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	