


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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|---|---|---|--|
| 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip 33410 | | Country Palm Beach | |
| Zip 33410 | | Country Palm Beach | |
| 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> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bruce Bogart</i> <i>12331 Banyan Rd</i> <i>North Palm Beach, FL 33408</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHIMERAKIS, LEE 12407 BANYAN ROAD NORTH PALM BEACH, FL 33408 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>VPD</i> <i>Charles Wear</i> <i>12423 Banyan Rd</i> <i>North Palm Beach, FL 33408</i> |
| 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 <i>561-776-5452</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |