

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001141 (0)

1. Corporation Name
BANYANS BY THE GABLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 250 COCOPLUM RD. CORAL GABLES FL 33143
Mailing Address: 250 COCOPLUM RD. CORAL GABLES FL 33143

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 21 6655 SW 69 Lane	2a. Mailing Address 26 (same)	4. FEI Number 65-0503983	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23 Miami, FL	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 33143	Country 25 USA	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEREZ, LILLIAM D 250 COCOPLUM RD. CORAL GABLES FL 33143		10. Name and Address of New Registered Agent			
		81 Name	Dolores Alea		
		82 Street Address (P.O. Box Number is Not Acceptable)	6670 SW 69 Lane		
		83			
		84 City	Miami	FL	85 Zip Code 33143

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: *Dolores Alea - Treasurer* DATE: 5/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD PEREZ, FRANCISCO J 250 COCOPLUM RD. CORAL GABLES FL 33143	<input checked="" type="checkbox"/> DELETE	
TITLE	PD PEREZ, LILLIAM D 250 COCOPLUM RD. CORAL GABLES FL 33143	<input checked="" type="checkbox"/> DELETE	
TITLE	VD PEREZ, FRANK C 250 COCOPLUM RD. CORAL GABLES FL 33143	<input checked="" type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
1.1 TITLE	P. D George F. Quinteiros 6655 SW 69 Lane Miami, FL 33143	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	V. D David Perez-Webel 6660 SW 69 Lane Miami, FL 33143	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE	T. D Dolores Alea 6670 SW 69 Lane Miami, FL 33143	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	S. D Miguel Angel Ferreira 6675 SW 69 Lane Miami, FL 33143	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE	300001873773 -06/24/96--01055--045 ***61.25	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra B. Mortham* DATE: 2/1/96 DAYTIME PHONE #: (305) 662-1289

CR2E037 (12/95)