2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9400001141

1. Entity Name

BANYANS BY THE GABLES HOMEOWNERS' ASSOCIATION, I



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90444 036 ****61.25

MC.						1	TE TRUST						
6655 SW 69 LANE 6655				Mailing Address 655 SW 69 LANE IIAMI FL 33143					III. 86811 88111 88111 88	111 48 111 4818 1	11 45) 11 5) 8	indi ildi iddi	
2. Principal F	Place of Busin	ess	3. Ma	iling Address	 								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
												'	_
City & State				City & State				4. FEI Number 65-0503983				Applied For Not Applicable	
Zip Country			Zij	p	ntry		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					1			7. Name and Ado	iress of New Reg				1
						Name							1
ALEA, DOLORES 6670 SW 69 LANE					Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL	. 33143												
						City				FL	Zip Coc	ie	
		submits this statement fo	r the purp	ose of changing its	registere	d office o	r register	ed agent, or both, in	the State of Florid	la. I am far	niliar with,	and accept	1
J:	tions of regist	ered agent.											
N. SIGNATURE													
·	Signature, typed	or printed name of registered agent a	and title if app	olicable. (NOTE	: Registered	Agent signa	ure required	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		Check I Departm			
10.				TORS 11.			P	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					1.
TITLE	P/D	oc oronor r		☐ Delete	TITLE						Change	☐ Addition	(10/02)
NAME STREET ADDRESS	6655 SW 6	OS, GEORGE F. NO I ANE			NAME	T ADDRESS							
CITY-ST-ZIP	MIAMI FL			•		ST-ZIP							F037
TITLE	V/D			☐ Delete	TITLE						Change	☐ Addition	18
NAME	MALAVE, S		العاديسونيان والا	والمعتدات والمساد	NAME		وجعي عات	gran in the state of the state	nen — nan ny rona	الراس بها الموجعة			
STREET ADDRESS CITY-ST-ZIP	6660 SW 6					T ADDRESS ST-ZIP							
TITLE	T/D	20140		▼ Delete	TITLE		1	P	• •		Change	Addition	1
NAME	ALEA, DOLORES		Delete	NAME		Mai	lave, she	ila		ej change			
	6670 SW 6				STREE	T ADDRESS	666	60 SW 60	lane				
CITY-ST-ZIP	MIAMI FL 3	3143			CITY-	ST-ZIP	Mia	um IFL	33143				1
TITLE	S/D EEDDEIDO	MIGUEL ANGEL		Delete	TITLE					C	Change	Addition	
NAME STREET ADDRESS	6675 SW 6				NAME	T ADDRESS							
CITY-ST-ZIP	MIAMI FL	O D WE				ST-ZIP							
TITLE				☐ Delete	TITLE	·· · · · · · · · · · · · · · · · · · ·] Change	Addition	1
NAME					NAME						~		ĺ
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CITY-ST-ZIP					-	ST-ZIP				·			
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I hereby certify that the information supplied with this filing tloes 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 exposured 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. QUIRED

SIGNATURE:

320-03.