

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012044

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: BANYAN RESORT REALTY, INC.

**Current Principal Place of Business:**

323 WHITEHEAD STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1281  
KEY WEST, FL 33041 US

**New Mailing Address:**

FEI Number: 65-0376305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNCH, AMY L  
323 WHITEHEAD  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: LYNCH, AMY L  
Address: 323 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete  
Name: CRANE, JULIE  
Address: 323 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: WILLIS, JAMES BRUCE  
Address: 323 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

Title: P ( ) Delete  
Name: MYERS, JERRY  
Address: 323 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: CIMINI, JOE  
Address: 323 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY LYNCH

Electronic Signature of Signing Officer or Director

MS.

02/03/2009

\_\_\_\_\_ Date