


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90297 031 \*\*\*\*61.25

<b>DOCUMENT # N32055</b>					
<b>1. Entity Name</b> <b>THE BANYANS AT BROKEN SOUND PROPERTY OWNERS' ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> CAS MANAGEMENT 951 BROKEN SOUND PPK STE 250 BOCA RATON, FL 33487 <i>PRIME MGMT</i>			<b>Mailing Address</b> CAS MANAGEMENT 951 BROKEN SOUND PPK STE 250 BOCA RATON, FL 33487 <i>PRIME MGMT</i>		
<b>2. Principal Place of Business</b> <i>6300 PARK OF COMMERCE BLVD</i>		<b>3. Mailing Address</b> <i>6300 PARK OF COMMERCE BLVD</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>BOCA RATON, FL.</i>		<b>City &amp; State</b> <i>BOCA RATON, FL.</i>		<b>4. FEI Number</b> 65-0168869	
<b>Zip</b> <i>33487</i>		<b>Country</b> <i>USA</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILLIAM K. ISAACSON, 21045 COMMERCIAL TRAIL C/O LANG MANAGEMENT COMPANY, INC BOCA RATON, FL 33486			<b>7. Name and Address of New Registered Agent</b> Name <i>Sax, Sachs + Klein</i> Street Address (P.O. Box Number is Not Acceptable) <i>301 Yamato Road, Suite 4150</i> City <i>BOCA RATON</i> <b>FL</b> Zip Code <i>33431</i>		
<b>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.</b>					
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>4/30/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>TEVINE, MEYER</b> 6662 NW 24 TERR BOCA RATON, FL 33496	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>ASOFSKY, HOWARD</b> 2506 NW 66 DR BOCA RATON, FL 33496	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>GLICK, IRWIN</b> 6680 NW 24 TERR BOCA RATON, FL 33496	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> <b>FITZPATRICK, LARRY</b> 2428 NW 67TH ST BOCA RATON, FL 33496	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BERG, HARRY</b> 6639 NW 25 WAY BOCA RATON, FL 33496	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does 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 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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/29/05</i> Daytime Phone #		

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Applied For  
Not Applicable