

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006274

FILED
Apr 24, 2009
Secretary of State

Entity Name: BANYAN TRAILS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7401 WILES RD
104
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

7401 WILES RD
104
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-0958666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

M&M PROPERTY MANAGEMENT LLC
7401 WILES RD
104
CORAL SPRINGS, FL 33067 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, ROBERT
Address: 7401 WILES ROAD #102
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: LOOR, KELLY
Address: 4295 BANYAN TRAILS DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: T () Delete
Name: SIMMONS, DIANE
Address: 3666 ASPERWOOD CIRCLE
City-St-Zip: COCONUT CRREK, FL 33073

Title: D () Delete
Name: LOPEZ, CHAD
Address: 4096 OXBOW DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: VOSS, SHELDON
Address: 4530 BANYAN TRAILS DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: FLORA, JULIA S
Address: 4285 BANYAN TRAILS DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MILLER

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date