

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 750333

**Entity Name:** BANYAN POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

601 SHREVE STREET  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

**FEI Number:** 59-2016673

**Certificate of Status Desired:** No

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

STAR HOSPITALITY MGMT, INC  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

*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

**Officer/Director Detail :**

Title P  
Name SORIANO, ROBERT  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title VP  
Name BLOOMQUIST, JUDYTH  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title T  
Name LARSEN, RICHARD  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title S  
Name MONGIADINI, GENE  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title ASST  
Name BOCHEFF, BEVERLY  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name MAERSCH, FRANK  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name NICKERSON, CAROL  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name TALLUTO, SALVATORE  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

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*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT SORIANO**

**PRES**

**08/27/2020**

**Officer/Director Detail Continued :**

Title ASST  
Name RICHARDS, KATHLEEN  
Address C/O STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950