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: DALE FEISTHAMMEL

02/03/2015

Electronic Signature of Signing Officer/Director Detail

same	legal	eff

# **Current Principal Place of Business:**

C/O MIAMI MANAGEMENT INC. 1145 SAWGRASS CORP. PKY SUNRISE, FL 33323

# **Current Mailing Address:**

1145 SAWGRASS CORP SUNRISE, FL 33323

# FEI Number: 65-0196511

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

BAKALAR & ASSOCIATES P.A. CORPORATE CENTER 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324 US

# Certificate of Status Desired: No

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.

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SIGNATURE	: MICHAEL BAKALAR			02/03/2015		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	P	Title	S			
Name	FEISTHAMMEL, DALE	Name	HUNNICUTT, WILLIAM			
Address	1145 SAWGRASS CORP PKWY	Address	1145 SAWGRASS CORP PKW	(		
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323			
Title	т	Title	DIRECTOR			
THE	I	The	DIRECTOR			
Name	MORGAN, LAURIE	Name	RAMOS, KELMI			
Address	1145 SAWGRASS CORPPKWY	Address	C/O MIAMI MANAGEMENT INC 1145 SAWGRASS CORP. PKY			
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323			

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

DOCUMENT# N32637

# FILED Feb 03, 2015 Secretary of State CC6374438178

PRESIDENT