

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712632** (9)
1. Corporation Name
BANYAN HOUSE CONDOMINIUM, INC.

Principal Place of Business Mailing Address
1225 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/20/1967** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1210541** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SMITH, DR. A.T.
1225 SO. OCEAN BLVD
STE 104
DELRAY BCH FL 33483

10. Name and Address of Now Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE Allen T. Smith **Allen T. Smith** 2/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ANDREWS, M.
STREET ADDRESS	1225 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	D
NAME	WRIGHT, GLEN
STREET ADDRESS	1225 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	D
NAME	KIECHEL, D
STREET ADDRESS	1225 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	PD
NAME	SMITH, DR. A
STREET ADDRESS	1225 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	VD
NAME	LORING, F
STREET ADDRESS	1225 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000
TITLE	SD
NAME	BAUMGARTHER, A
STREET ADDRESS	1225 S OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen T. Smith **Allen T. Smith** 3/6/95 (407) 278-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #