

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712632 (9)

1. Corporation Name

BANYAN HOUSE CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

1225 SOUTH OCEAN BOULEVARD  
DELRAY BEACH FL 33483

1225 SOUTH OCEAN BOULEVARD  
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified  
04/20/1967

3a. Date of Last Report  
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input type="checkbox"/> DELETE
NAME	ANDREWS, M.	
STREET ADDRESS	1225 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, GLEN	
STREET ADDRESS	1225 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIECHEL, D	
STREET ADDRESS	1225 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, DR. A	
STREET ADDRESS	1225 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LORING, F	
STREET ADDRESS	1225 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
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	

500001776135  
-04/11/96--01022--008  
\*\*\*61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Allen T. Smith*

4/4/96 (407) 278-4551

Date

Page One Phone #

504-10-96

CR2E037 (12/95)