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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 712632

(9)

BANYAN HOUSE CONDOMINIUM, INC.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

| 1 mappart 1800 or Coomood | Principal Place of Business Mailing Address | | | | | | - I HOOMI IDEAL HOUR HOUR AND BIND THE TOTAL COME CONTROL COME CONTROL COME | | | | |
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| ARRE COUTLY OCEAN DOUBLEVADO | 1225 SOUTH | | OULEVARI |) | | ļ | | | | | |
| 1225 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483 | DELRAY BEA | | | | | | | | | | |
| DECIMI DENOTITE CONTO | | | | | | | 3. Date Incorporated or Qualified 04/20/1967 | 3a. Da | ote of Las 03/10/ | | |
| 2. Principal Place of Business | 2a. Mailing Ad | dress | | | | | 4. FEI Number | | | Applied For | |
| 21 | 26 | — - | | | | | 59-1210541 | | | Not Applicable | |
| Suite, Apl. #, etc. | Suite, Apt. | #, etc. | | | | | 5. Certificate of Status Desired | | · | 5 Additional | |
| 22 | 27 | | | | | | 5. Certificate o Otolico Deciment | | | Required | |
| City & State | City & Stat | te | | | | | 6. Election Campaign Financing | | | 00 May Be | |
| 23 | 28 | | -, - - | | | | Trust Fund Contribution | | | led to Fees | |
| Zip Country | Zip | | | ıntry | | | This corporation has liability for Florida Statutes | intangible t □ Yes | av under No | s. 199.032, | |
| 24 25 | 29 | | 30 | Т | | | 10. Name and Address of New F | | | | |
| 9. Name and Address of Curre | ent Registered Ager | nt | | 81 | Name | | To Hamo did Here to the second | | | | |
| | | | | | | _ | | -1-4 | | | |
| SMITH, DR. A.T. | | | | 62 | Street | Address | (P.Ö. Box Number is Not Acceptate | ою | | | |
| 1225 SO. OCEAN BLVD | | | | 83 | | | | | | | |
| STE 104 | | | | | | | | | 12-1 | | |
| DELRAY BCH FL 33483 | | | | 84 | City | | | FL | 85 | Zip Code | |
| | 00 1017 4500 51 | alala Ototuta | on the abi | 1 1 | amad co | ornoratio | o submits this statement for the pu | rpose of ch | anging it: | s registered office | |
| Pursuant to the provisions of Sections 617.050 or registered agent, or both, in the State of Fig. | 02 and 617.1508, FR brida. Such change w | as authorizi | ed by the | corpo | pration's | board o | directors. I hereby accept the app | ointment a | s register | ed agent. I am | |
| familiar with, and accept the obligations of, Se | ection 617.0503, Florid | da Statutes | i. | | | | | | | | |
| SIGNATURE | | ANO | TE: Registere | d Agent | L eigralige | reamirad wh | en metestat naj | DATE | | | |
| Signature, typed or printed name of registered ag- | AND DIRECTORS | (140 | 13 | | aig kato c | | ADDITIONS/CHANGES TO OF | FICERS AN | D DISEC | TORS IN 12 | |
| 12, | | DELETE | | TITLE | | 1 | | · | Chang | e 🔲 Addition | |
| TIBLE TD | L | | | | | | | | | | |
| · · | | | 121 | NAME | | | | | | | |
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