


FILE NOW: FILING FEE IS \$61.25

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**Jan 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 1225 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483
Mailing Address: 1225 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **04/20/1967**
4. FEI Number: **59-1210541**
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country
30

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 New 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | TD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREWS, M. | 1.2 NAME | |
| STREET ADDRESS | 1225 S OCEAN BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRIGHT, GLEN | 2.2 NAME | |
| STREET ADDRESS | 1225 S OCEAN BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLE, WILLIAM | 3.2 NAME | |
| STREET ADDRESS | 1225 S. OCEAN BLVD., #901 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | VP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, DR. A | 4.2 NAME | |
| STREET ADDRESS | 1225 S OCEAN BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LORING, F | 5.2 NAME | |
| STREET ADDRESS | 1225 S OCEAN BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | SD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUMGARTHER, A | 6.2 NAME | |
| STREET ADDRESS | 1225 S OCEAN BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 00000 | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen A. Smith, V.P. 1/7/98 (56) 278-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davetime Phone #

CR2E037 (10/97)