

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90093 050 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 712632

1. Entity Name
BANYAN HOUSE CONDOMINIUM, INC.

Principal Place of Business Mailing Address
1225 SOUTH OCEAN BOULEVARD **1225 SOUTH OCEAN BOULEVARD**
DELRAY BEACH FL 33483 **DELRAY BEACH FLA 33483-6534**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1210541 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BATES, F. STEPHEN
1225 SO. OCEAN BLVD
DELRAY BCH FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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.

SIGNATURE *F. Stephen Bates* (**F. STEPHEN BATES, Manager**) **4/17/00**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREWS, M 1225 S OCEAN BLVD DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, GLEN 1225 S OCEAN BLVD DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLE, WILLIAM 1225 S. OCEAN BLVD., #901 DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNYDER, CAVET C 1225 S OCEAN BLVD #401 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, GERARD 1225 S OCEAN BLVD #206 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUMGARTHER, A 1225 S OCEAN BLVD DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CAVET C SNYDER* (**CAVET C SNYDER, V.P.**) **4/17/00** **581-278-4551**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)