

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 11:03

DOCUMENT # 728665 (1)  
1. Corporation Name  
BANYAN SPRINGS PROPERTY OWNERS ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
10780 CEDAR PT BLVD.  
BOYNTON BCH. FL 33437 10780 CEDAR PT BLVD.  
BOYNTON BCH. FL 33437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
01/30/1974 02/11/1994  
4. FBI Number Applied For  
59-2103531 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 Zip  
24 Country 29 Country  
25 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKER, EDWARD  
ST. JOHN & KING  
SUITE 600, 500 AUSTRALIAN AVENUE SOUTH  
WEST PALM BEACH FL 33401

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

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | V                         |
| NAME            | LEFTON, DAVID             |
| STREET ADDRESS  | 10060 CEDAR PT BLVD #201  |
| CITY - ST - ZIP | BOYNTON BCH FL            |
| TITLE           | D                         |
| NAME            | BASCH, EDWARD             |
| STREET ADDRESS  | 10092 CEDAR PT BLVD #201  |
| CITY - ST - ZIP | BOYNTON BCH FL            |
| TITLE           | S                         |
| NAME            | KRAMER, JEANNE            |
| STREET ADDRESS  | 18143 MANGROVE DRIVE #102 |
| CITY - ST - ZIP | BOYNTON BEACH FL          |
| TITLE           | D                         |
| NAME            | BAKER, ALBERT             |
| STREET ADDRESS  | 10174 MANGROVE 208        |
| CITY - ST - ZIP | BOYNTON BEACH FL          |
| TITLE           | D                         |
| NAME            | ZAMELSKY, PHYLLIS         |
| STREET ADDRESS  | 5109 PINE DRIVE           |
| CITY - ST - ZIP | BOYNTON BEACH FL 33437    |
| TITLE           | P                         |
| NAME            | DEBS, HERBERT             |
| STREET ADDRESS  | 5031 PINE DRIVE           |
| CITY - ST - ZIP | BOYNTON BEACH FL          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                          |                                                                              |
|---------------------|--------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | DIRECTOR                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | LEFTON, DAVID            |                                                                              |
| 1.3 STREET ADDRESS  | 10060 CEDAR PT BLVD #201 |                                                                              |
| 1.4 CITY - ST - ZIP | BOYNTON BEACH, FL 33437  |                                                                              |
| 2.1 TITLE           | T                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | MANNY FRIEDMAN           |                                                                              |
| 2.3 STREET ADDRESS  | 10155 MANGROVE #105      |                                                                              |
| 2.4 CITY - ST - ZIP | BOYNTON BEACH FL 33437   |                                                                              |
| 3.1 TITLE           | V                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | ROBERT TAUBER            |                                                                              |
| 3.3 STREET ADDRESS  | 10061 53RD WAY SO #1002  |                                                                              |
| 3.4 CITY - ST - ZIP | BOYNTON BEACH, FL 33437  |                                                                              |
| 4.1 TITLE           | S                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | CHARLOTTE GREENBERG      |                                                                              |
| 4.3 STREET ADDRESS  | 10043 53RD WAY SO #2401  |                                                                              |
| 4.4 CITY - ST - ZIP | BOYNTON BEACH, FL 33437  |                                                                              |
| 5.1 TITLE           | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | NAT KANTOR               |                                                                              |
| 5.3 STREET ADDRESS  | 10187 MANGROVE #106      |                                                                              |
| 5.4 CITY - ST - ZIP | BOYNTON BEACH, FL 33437  |                                                                              |
| 6.1 TITLE           | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | EMIL KUSTIN              |                                                                              |
| 6.3 STREET ADDRESS  | 10044 CEDAR PT BLVD #601 |                                                                              |
| 6.4 CITY - ST - ZIP | BOYNTON BEACH, FL 33437  |                                                                              |

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 118.07(3)(b), 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:

Herbert Debs, Pres.

3/9/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #