

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0005629

DOCUMENT # 728665

1. Entity Name

BANYAN SPRINGS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10780 CEDAR PT BLVD.
 BOYNTON BCH FL 33437

10780 CEDAR PT BLVD.
 BOYNTON BCH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2103531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 ☒ Delete
 NAME **PD LEFTON, DAVID**
 STREET ADDRESS **1006 CEAR POINT BLVD. STE 201**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Change ☒ Addition
 NAME **Director Sussman, Samuel**
 STREET ADDRESS **5016 Rose Hill Dr. #2-202**
 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE ☒ Delete
 NAME **D FRIEDMAN, MANNY**
 STREET ADDRESS **10155 MANGROVE #105**
 CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ Change ☒ Addition
 NAME **Director Tanber, Robert**
 STREET ADDRESS **5084 Roschill Dr #1-303**
 CITY-ST-ZIP **Boynton Beach FL 33437**

TITLE ☐ Delete
 NAME **SD FISH, SEYMOUR**
 STREET ADDRESS **10044 CEDAR POINT BLVD. #602**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D WALLACH, PETER**
 STREET ADDRESS **10033 HICKORYWOOD PLACE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☒ Change ☐ Addition
 NAME **Treasurer Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D TURKFELD, JEROME**
 STREET ADDRESS **5040 ROSEHILL DR. #105**
 CITY-ST-ZIP **BOYTON BEACH FL 33437**

TITLE ☒ Change ☐ Addition
 NAME **President Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V RIFKIN, IRWIN**
 STREET ADDRESS **10039 53RD WAY SOUTH STE 2303**
 CITY-ST-ZIP **BOYTON BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02 561 736-3700

CP2E037 (9/01)