


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90022 012 ****61.25

DOCUMENT # 728665 1. Entity Name BANYAN SPRINGS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 10780 CEDAR PT BLVD. BOYNTON BCH, FL 33437			Mailing Address 10780 CEDAR PT BLVD. BOYNTON BCH, FL 33437		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2103531	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DICKER, KRIVOK, & STOLOFF, PA 1818 AUSTRALIAN AVE., S STE. 400 WEST PALM BEACH, FL 33409			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEER, ARTHUR	NAME			
STREET ADDRESS	10059 53RD WAY S, #801	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLONSKY, MIRIAM	NAME			
STREET ADDRESS	10076 CEDAR POINT BLVD. #401	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRINCE, BARRY	NAME			
STREET ADDRESS	10118 MANGROVE DR	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOW, ROBERT	NAME			
STREET ADDRESS	5084 ROSEHILL DR., #1-301	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARIAN, AUDREY	NAME			
STREET ADDRESS	10173 MANGROVE DR., #105	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRANET, LARRY	NAME			
STREET ADDRESS	10187 MANGROVE DR. #205	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>		2/15/08		561-734-4511	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	