


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 040 ****61.25

DOCUMENT # 735851			
1. Entity Name BANYAN COURTS CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business BANYAN COURTS HOA 149 NW 70TH STREET BOCA RATON FL 33487 US		Mailing Address BANYAN COURTS HOA 149 NW 70TH STREET BOCA RATON FL 33487 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GEM PROPERTY MANAGEMENT 5074 NAUTICA LAKE CIRCLE GREENACRES FL 33463		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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1801857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PRES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OFFERMAN, JACKIE			NAME			
STREET ADDRESS	149 NW 70TH ST. #203			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAGALETTA, THOMAS			NAME			
STREET ADDRESS	149 NW 70 TH STREET #306			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487			CITY-ST-ZIP			
TITLE	S/TR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FITZSIMMONS, STEPHEN			NAME			
STREET ADDRESS	159 NW 70TH ST #613			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487			CITY-ST-ZIP			
TITLE	DIR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARRA, AIDA			NAME			
STREET ADDRESS	110 NOTTINGHAM PLACE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33426			CITY-ST-ZIP			
TITLE	DIR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COONRAD, ROBERT			NAME			
STREET ADDRESS	159 NW 70TH ST, # 401			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487			CITY-ST-ZIP			
TITLE	LYNN Cannon DIR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNN Cannon			NAME			
STREET ADDRESS	149 N.W. 70th St. #308			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Jackie Offerman* JACKIE OFFERMAN 3/11/07 5612081683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #