


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90014 037 ****61.25

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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 NAUTICAL LAKE CIRCLE GREENACRES, FL 33463		7. Name and Address of New Registered Agent Name <u>ROSE KANE</u> Street Address (P.O. Box Number is Not Acceptable) <u>149 NW 70TH ST. #304</u> City <u>BOCA RATON</u> FL Zip Code <u>33487</u>	
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 September 12, 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES OFFERMAN, JACKIE <input type="checkbox"/> Delete 149 NW 70TH ST. #203 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC./TREAS. JUDY BURNETT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 149 NW 70TH ST. #208 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGALETTA, THOMAS <input checked="" type="checkbox"/> Delete 149 NW 70 TH STREET #306 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ROSE KANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 149 NW 70TH ST. #304 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PARRA, AIDA <input checked="" type="checkbox"/> Delete 110 NOTTINGHAM PLACE BOYNTON BEACH, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JACKIE OFFERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 149 NW 70TH ST. #203 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR COONRAD, ROBERT <input type="checkbox"/> Delete 159 NW 70TH ST. # 401 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PATTY CODISPOTI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 149 NW 70 TH ST. #207 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, LYNN <input checked="" type="checkbox"/> Delete 149 NW 70TH STREET, 308 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: _____		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			