2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2007 8:00 am Secretary of State

DOCUMENT #737131 1. Entity Name BANYAN LAKES PROPERTY OWNERS' ASSOCIATION, INC.					7-25-2007 90046	029 ****61	1.25
C/O FAITH KULLA C/O 5340-H ELMLURST RD 534		Mailing Address C/O FAITH KULLA 5340-H ELMLURST RD WEST PALM BEACH, FL	C/O FAITH KULLA		1984 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 1994 		
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address					
Suite, Apt. #, etc. 5340-H E/Mhurst 20. City & State		Suite, Apt. #, etc. 5340-H Elmhurs7 Rd. City & State		d . 07052007 C	ng-NP CR2E	:037 (12/06)	oplied For
				59-200993	31	No	ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New Registers	d Agent	
VITO, BERNARD C/O FAITH KULLA 5340-H ELMHURST ROAD			Name R	oth P. J	<i>LVICE</i>		
				Street Address (P.O. Box Number is Not Acceptable)			
				same			
MESTEAL	.M BEACH, FL 33417						
			City		F	L Zip Cod	e
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or re	egistered agent, or both, in	the State of Florida. I a	m familiar with,	and accept
	V P	0 -			_	1	
SIGNATURE .	Signature, typict or present name of registered agent a	ind triffe if applicable. (NOTE)	: Segeneral Agent signeture	received when rendstring)	DATE	1116	7
·	Signature, typict or proved name of represent agert a Filling Fee is \$61.25 ue by September 14, 2007	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be	DATE Make che	ck payable tartment of S	•
·	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	DATE Make che	eck payable to artment of S	o tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

7/11/07 (561)7539101