FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE: 4

DOCUMENT # 737132

(1)

BANYAN ESTATES PROPERTY OWNERS' ASSOCIATION, INC

· ·											
Principal Place of Business Mailing Address							188 11(1) (888) 1538 171(8		#1611 #1611 #	,1 0 11 01011 1001	
8501 ESTATE DR											
						3. Date Incorpt 10/25/	orated or Qualified 1976		e of Last F 12/02/19	•	
2. Principal Pla	nce of Business	2a. Mailing Address				4. FEI Number	7704		- 	pplied For	
1		26				59-196	37784			lot Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					f Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Trust Fund (Added	May Be to Fees	
Zιρ	Country	Zip	\rightarrow	ıntry			ition has liability for in	tangible ta	under s.	199.032,	
4	25 9. Name and Address of Curren	29 Agent	30	[Florida Statu	Address of New Re	Yes X			
 -	9. Name and Address of Currer	it Lealistaien Waeir		81	Name	10. Teather Bild		9.5.0.55	3 0		
DOCIDEN	DIOL DAIR			82							
	BACH, DAVID		i			Address (P.O. Box Num	ber is Not Acceptabl	θ)			
8517 EST				83							
WEST PA	ALM BEACH FL 33411			Ш					11	0.1	
				84	City			FL	65 Zip	Code	
 Pursuant to or register familiar wit 	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori in, archacceptus biblion archacceptus Sections	eand 617.1508, Florida State da. Such change was authori ion 617.0503. Florida Statutes	es, the above the state of the	ove-n corpe	amed co	rporation submits this s board of directors. I hen	tatement for the purp eby accept the appo	oose of char intment as i	nging its re registered	gistered office agent. I am	
SIGNATURE Z	ATTICLUSIV	VV CRU	184	~_	15			2/2	<u> 6(4(</u>	0	
	Signature, typed or mitted name of registered agent		OTE: Register	Agent	t signature re	equired when reinstating)	CHANGES TO OFFI	DATE	DIDECTO	DC INL 12	
12.		D DIRECTORS DELETE	1,1 [ITI E	1	ADUITIONS	CHANGES TO OFFI		7 Change	Addition	
TOLE	S DAY OHABIEO	Clotter	1.1 I					_] 0.12.14		
NAME	DAY, CHARLES		1		ADDRESS						
STREET ADDRESS	8677 ESTATE DRIVE			ITY-SI							
CITY - ST - ZIP TITLE	W PALM BCH, FL 00000 TD	DELETE	2.1 T		i-Tir	70			Change	☐ Addition	
NAME	PARRISH, BRUCE	_	221	LAME			HOLTES				
STREET ADDRESS	8617 ESTATE DRIVE	•			ADDRESS	NENA WIETH	ite drive				
CITY-ST-ZIP	W PALM BCH, FL 00000		2 41	CITY-S		WPB FL	WPB FL 33411				
TITLE	PD	DELETE	31 T						Change	Addition	
NAME	BREIDENBACH, DAVID		321	IAME							
STREET ADORESS	8517 ESTATE DR.		3.3 9	STREET	ADDRESS						
CITY-SI-ZIP	W PALM BCH FL			CITY - S	ST-ZIP				10.	——	
TITLE	VDP	DELETE	4.13					L	Change	Addition	
NAMÉ	MULLEN JEAN			NAME							
STREET ADDRESS	8882 ESTATE DRIVE				ADDRESS						
CITY-ST-ZIP	W PALM BCH, FL 00000	DELETE		CITY-S	I-ZIP	51			Enange	Addition	
TITLE	ST			IITLE		LATIN DEL	UAR	u	ag circingo		
NAME	RAYSIDE, CHARLES			NAME STOCET	ADDDEEC	CATHU DEL 8577 ESTA WPB PL	TE DRIVE				
STREET ADDRESS	8677 ESTATE DRIVE			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		MIDE DI	3241				
CITY-ST-ZIP TITLE	W PALM BCH, FL 00000	DELETE		IITLE	11.511.	141:51			Change	■ Addition	
NAMÉ				NAME				•			
STREET ADDRESS					ADDRESS						
CITY-ST-78P			6.4 (CITY - S	iT-ZIP						
## 1 d b b b	by certify that the information supplied	with this filing is voluntarily fur	nished and	doe	s not qua	alify for the exemption st	tated in Section 119.	07(3)(k), Flo	rida Statut	es. I further	
certify tha oath; that appears ir	by certify that the information supplied I the information indicated on this ann I am an officer or director of the corp n Block 12 or Brock 13 if changed, or	ual report or supplemental an oration or the receiver or trust on an atrackment with an add	nuai report ee empowi dress.	ered i	to execut	te this report as required	by Chapter 617, Fk	orida Statute	es; and the	at my name	

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR