SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 OCT 27 AM 9: 30 DOCUMENT # 737132 (1)SECRETARY OF STATE TALLAHASSEE, FLORIDA BANYAN ESTATES PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 8501 ESTATE DR 8501 ESTATE DR W PALM BOH FL 33411 W PALM BCH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1976 03/04/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-1987794 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Π Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country This corporation owes or has paid the current year Intangible Yes Yes 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 81 BREIDENBACH, DAVID **B2** 8517 ESTATE DR. 83 WEST PALM BEACH FL 33411 City WEST PALM BCh. 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. **€** DELETE Robert Helcher TITLE 1.1 TITLE Change NAME DAY, CHARLES 1.2 NAME 8541 Estate D 8677 ESTATE DRIVE 1.3 STREET ADDRESS STREET ADDRESS WPBCLF7.33411 W PALM BCH, FL 00000 1.4 CITY - ST- ZIP CITY-ST-ZIP X) DELETE 2.1 TITLE Ludrey Couch Change Addition TITLE Ъ WIETHOLTER, NENA 2.2 NAME 7 State De NAME 8782 ESTATE DR 2.3 STREET ADDRESS STREET ADDRESS WBCh FI. 3340 W PALM BCH, FL 00000 2 4 CITY-ST-ZIP CITY-ST-ZIP mary Barberia DELETE Addition TITLE 3.1 TITLE BREIDENBACH, DAVID 3.2 NAME NAME 8517 ESTATE DR. STREET ADDRESS 3.3 STREET ADDRESS Weschn. W PALM BCH FL CITY-ST-ZIP 3.4. DITY - ST - ZIP Change DELETE Addition TITLE **VDP** angue 4.1 TITLE President NAME **MULLEN JEAN** 4.2 NAME Kathu STREET ADDRESS 8882 ESTATE DRIVE 4.3 STREET ADDRESS <u>W PALM BCH, FL 00000</u> CITY-ST-ZIP 4.4 City - ST - ZiP DELETE Change Addition 5.1 TITLE 3000023**3** DEWAR CATHY 323-5.2 NAME NAME --01131--019 8577 ESTATE DR STREET ADDRESS 5.3 STREET ADDRESS ****61.25 *****61.25 W PALM BCH. FL 00000 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELÉTE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-\$1-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify had the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under 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 ham appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED KAMMINSTONAL TERS

CIGNATURE:

791-50W