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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737132 (1)

1. Corporation Name

BANYAN ESTATES PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
8501 ESTATE DR W PALM BCH FL 33411	8501 ESTATE DR W PALM BCH FL 33411

3. Date Incorporated or Qualified: 10/25/1976

4. FEI Number: 59-1987794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JUSTINAK, KATHY
8521 ESTATE DR.
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: Susan Freudenthal
82 Street Address (P.O. Box Number is Not Acceptable): 8737 ESTATE DR.
83
84 City: W.P. Bch FL 85 Zip Code: 33411

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: Susan Freudenthal, Pres — Susan L. Freudenthal — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAY, CHARLES		1.2 NAME		
STREET ADDRESS	8677 ESTATE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HELCHER, ROBERT		2.2 NAME		
STREET ADDRESS	8541 ESTATE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COUCH, AUDREY		3.2 NAME		
STREET ADDRESS	8751 ESTATE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33411		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARBERIA, MARY		4.2 NAME		
STREET ADDRESS	8962 ESTATE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JUSKINAK, KATHY		5.2 NAME		
STREET ADDRESS	8521 ESTATE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		5.4 CITY-ST-ZIP		
TITLE	Susan Freudenthal	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	8737 ESTATE DR.		6.2 NAME		
STREET ADDRESS	W.P. Bch, FL 33411		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 that 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary C. Barberia MARY BARBERIA 1/29/98 561-795-3141