561-689-1708

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # 737132** 1. Entity Name 04-19-2001 90049 001 ****61.25 BANYAN ESTATES PROPERTY OWNERS' ASSOCIATION, INC Principal Place of Business Mailing Address 8501 ESTATE DR 8501 ESTATE DR C0048500 W PALM BCH FL 33411 W PALM BCH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1987794 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREUDENPHAL, SUSAN lamb Street Address (P.O. Box Number is Not Acceptable) 8737-ESTATE OR W PALM BEACH FL 33411 City 8. The above named entity eubmits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATUR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 addendin attached. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) ☐ Change Addition SD Delete TITLE TITLE Helcn MULLEN, JEAN mc Afee NAME NAME 8882 ESTATE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP 33411 Delete Addition VD. TITLE Change TITLE Baldwin, Lynn HELCHER, ROBERT NAME NAME 8963 Estate 8541 ESTATE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 Jest Palm Beach 33411 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE ${f D}$ GOFF, Joann 8962 Estate Dr COUCH, AUDREY NAME NAME 8751 ESTATE DRIVE STREET ADDRESS STREET ADDRESS W PALM/BCH FL 33411 CITY-ST-ZIP Palm Beach FC 33411 CITY-ST-ZIP Change Addition Delete TITLE TITLE ROLL, MARY NAME NAME 8601 ESTATÉ DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-7IP 33 YI Delete TITLE Addition TITLE FREUDENTHAL, SUSAN NAME NAME 8737 ESTATE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33411 TITLE ☐ Delete astinas TITLE MCCAULEY, MARK NAME NAME 8862 Estat STREET ADDRESS 8581 ESTATE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 12. 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 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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Zíp Country	Zip	Country	5. Certificat	e of Status Desired		75 Add	ot Applica ditional
6. Name and Address of	Current Registered Agent	_ <u></u>	7Name an	d Address of New Reg	Fee F	Require	:d
		Name					
		Street	Address (P.O. Box Numb	per is Not Acceptable)			
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The above named entity submits this stat					PL		<u> </u>
NATURE Signature, typed or printed name of regis	stered agent and title if applicable. (N	IOTE: Registered Agent sign	nature required when reinstating)	continue	doatfror	n	<u>p. 1</u>
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