2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State 03-14-2005 90110 015 ****61.25

1. Entity Name BANYAN ESTATES PROPERTY OWNERS' ASSOCIATION, INC.				
Principal Place of Business 8501 ESTATE DR W PALM BCH, FL 33411		Mailing Address 8501 ESTATE DR W PALM BCH, FL 33411		50026036
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072005 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For 59-1987794 Not Applicable
Zip	Country	Zíp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
W PALM BEACH, FL 33411 9842 City Nes				N WINCHESTER ss (P.O. Box Number is Not Acceptable) - ESTOATE DR Palan Brach FL 39411
	sons of registered agent. Sonaure, typed or printed name of registered agent a Filling Fee is \$61.25	nd trite if applicable. (NOTE: 1	Registered Agent signature rec	\$5.00 May Be Make check payable to
10.	Due by May 1, 2005 OFFICERS AND DIR	Trust Fund Co	ntribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD · ROLL, DONALD 8603 ESTATE DR WEST PALM BEACH, FL 33411	⊠ -Delete	TITLE D	ON WINCHESTER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEINSTEIN, NEIL 8721 ESTATE DRIVE WEST PALM BEACH, FL 33411	⊠ Delete	TITLE DAME NAME STREET ADDRESS OF CITY-ST-ZIP	Dest Palm Broch, FL 33411 Change MAddition THE Afree THE Brach, FL 33411
TITLE NAME STREET ADDRESS — CITY-S7-ZIP	SD MCCAULEY, DIANE 8581 ESTATE DR -WEST-PALM-BEACH, FL 33411-	☐ Delete	TITLE NAME STREET ADDRESSCITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELCHER, ROBERT 8541 ESTATE DR WEST PALM BEACH, FL 33411	· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	reasure Addition Helcher 541 Griate Br V-P, B, FL 33411
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D MASON, J 8597 ESTATE DR WEST PALM BEACH, FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is	true and accurate and that my wered to execute this report a	signature shall have	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: