

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 737247

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Entity Name:** THE CARLYLE ON BANYAN CLUB, INC.

**Current Principal Place of Business:**

345 BANYAN BLVD  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

345 BANYAN BLVD  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 59-3745170      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WORKMAN, JAYNE T MRS  
345 BANYAN BLVD  
NAPLES, FL 34102      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAYNE T. WORKMAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: WORKMAN, JAYNE  
Address: 345 BANYAN BLVD  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: WOLFE, DIANE MRS  
Address: 355 BANYAN BLVD  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: HODGES, EARL G  
Address: 325 BANYAN BLVD  
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete  
Name: MCDONALD, MARILYN  
Address: 365 BANYAN BLVD  
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete  
Name: MURRAY, ANNE C  
Address: 335 BANYAN BLVD  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HODGES, THELMA  
Address: 325 BANYAN BLVD  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYNE T. WORKMAN

STD

10/19/2009

Electronic Signature of Signing Officer or Director

Date