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## Secretary of State
04-23-1999 90181 042 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742830**

1. Corporation Name

**BANYAN TREE VILLAGE CONDOMINIUM ASSOCIATION, INC**

403431 - 90181 - 42

| Principal Place of Business | Mailing Address |
|---|---|
| GREENLIT PROP. MGT.<br>141 N.W. 20TH ST., STE. F-2<br>BOCA RATON FL 33431<br>US | GREENLITE PROP. MGMT.<br>141 N.W. 20TH ST., STE. F-2<br>BOCA RATON FL 33431<br>US |

| 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 |

3. Date Incorporated or Qualified: 05/09/1978

4. FEI Number: 59-1684720 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

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

**9. Name and Address of Current Registered Agent**

MARKARIAN, IRENE
555 BANYON TREE LANE
#305
DELRAY BEACH FL 33486

**10. Name and Address of New Registered Agent**

81 Name: GRATTON, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 555 BANYAN TREE LANE
83: #206
84 City: DELRAY BEACH FL 85 Zip Code: 3348

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: [signature] 4-14-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GRATTON, ROBERT | | 1.2 NAME | | |
| STREET ADDRESS | 555 BANYAN TREE LANE 206 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | NICKLAW, GALEN | | 2.2 NAME | NICKLAW GALEN | |
| STREET ADDRESS | 555 BANYAN TREE LANE #109 | | 2.3 STREET ADDRESS | 555 BANYAN TREE LA #109 | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 2.4 CITY-ST-ZIP | DELRAY BCH FL 3348 | |
| TITLE | VD | ☒ DELETE | 3.1 TITLE | SD | ☐ Change ☐ Addition |
| NAME | MARKARIAN, IRENE | | 3.2 NAME | IRENE KAPLAN | |
| STREET ADDRESS | 555 BANYAN TREE LANE #305 | | 3.3 STREET ADDRESS | 555 BANYAN TREE LANE #2 | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 3.4 CITY-ST-ZIP | DELRAY BEACH FL 33482 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WEISS, MAX | | 4. 2 NAME | | |
| STREET ADDRESS | 555 BANYAN TREE LANE #105 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PIERCE, FRED | | 5.2 NAME | | |
| STREET ADDRESS | 555 BANYAN TREE LANE 210 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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, with all other like empowered.

**SIGNATURE:** ~~SIGNATURE REQUIRED~~ [signature] Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)