

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90009 003 ****61.25

DOCUMENT # 742830

1. Entity Name

BANYAN TREE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

555 BANYAN TREE LANE
 DELRAY BEACH, FL 33483

Mailing Address

c/o M.J. GALLUP ACCOUNTING
 235 NE 6th AVE., SUITE D
 DELRAY BEACH, FL 33483

2. Principal Place of Business

555 BANYAN TREE LANE

3. Mailing Address

235 NE 6th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

59-1684720

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT GRATTON
 555 BANYAN TREE LANE, Apt. 206
 DELRAY BEACH, FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE President, DIRECTOR ☐ Delete

NAME Robert Gratton
 STREET ADDRESS 555 Banyan Tree Lane, #206
 CITY-ST-ZIP Delray Beach, FL 33483

TITLE Secretary, DIRECTOR ☐ Delete

NAME Alma Morrison
 STREET ADDRESS 555 Banyan Tree Lane, #405
 CITY-ST-ZIP Delray Beach, FL 33483

TITLE Treasurer, DIRECTOR ☐ Delete

NAME Stella Sirey
 STREET ADDRESS 555 Banyan Tree Lane, #201
 CITY-ST-ZIP Delray Beach, FL 33483

TITLE Director ☐ Delete

NAME Max Weiss
 STREET ADDRESS 555 Banyan Tree Lane, #105
 CITY-ST-ZIP Delray Beach, FL 33483

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

Alma C. Morrison
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
 Date

561-272-2617
 Daytime Phone #

CR2E037 (11/00)