

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90268 047 \*\*\*\*61.25

**DOCUMENT # 747607**

1. Entity Name  
**ST. LUCIE RIVER BANYAN HOUSE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1600 SE ST LUCIE BLVD  
STUART, FL 34996**

Mailing Address  
**1600 SE ST LUCIE BLVD  
STUART, FL 34996 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

- Country

Zip

Country

02142005

Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-2059873**

Applied For

Not Applicable

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

**YORK, JAMES  
1600 ST LUCIE BLVD APT 412  
STUART, FL 34996**

Name

**BRODERICK, HAROLD M.**

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

**1600 SE ST LUCIE BLVD # 305**

City

**STUART**

FL

Zip Code

**34996**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Harold M. Broderick*

**HAROLD M. BRODERICK**

**2/16/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LEWIS, CAROL  
STREET ADDRESS 1600 SE ST LUCIE BLVD. 105  
CITY-ST-ZIP STUART, FL 34996

TITLE VD ☐ Delete  
NAME MILLER, ROBERT  
STREET ADDRESS 1600 SE ST LUCIE BLVD #316  
CITY-ST-ZIP STUART, FL

TITLE VD ☒ Delete  
NAME VADAY, GREGORY  
STREET ADDRESS 1600 SE ST LUCIE BLVD 210  
CITY-ST-ZIP STUART, FL 34996

TITLE TD ☐ Delete  
NAME BROWN, ALICE K  
STREET ADDRESS 1600 SE ST LUCIE BLVD 207  
CITY-ST-ZIP STUART, FL 34996

TITLE SD ☐ Delete  
NAME TROWBRIDGE, DOT  
STREET ADDRESS 1600 SE ST. LUCIE BLVD. 204  
CITY-ST-ZIP STUART, FL

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 VD ☒ Change ☒ Addition  
NAME MCGILL, DARRELL  
STREET ADDRESS 1600 SE ST LUCIE BLVD #404  
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Carol S. Lewis*

**CAROL S. LEWIS**

**2/16/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #