


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90021 016 ****61.25

DOCUMENT # 747607 1. Entity Name ST. LUCIE RIVER BANYAN HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1600 S.E. 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	4. FEI Number 59-2059873	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRODERICK, HAROLS M 1600 ST LUCIE BLVD 3305 STUART, FL 34996			Name BRODERICK, HAROLD M. Street Address (P.O. Box Number is Not Acceptable) 1600 ST. LUCIE BLVD #305 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, CAROL		NAME		
STREET ADDRESS	1600 SE ST LUCIE BLVD. 105		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, ROBERT		NAME	V.PRES. D	
STREET ADDRESS	1600 SE ST LUCIE BLVD #316		STREET ADDRESS	LEONARD, JOHN	
CITY-ST-ZIP	STUART, FL		STREET ADDRESS	1600 S.E. ST. LUCIE BLVD. #215	
TITLE	VD	<input type="checkbox"/> Delete	CITY-ST-ZIP	STUART FL 34996	
NAME	MCGILL, DARRELL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1600 SE ST LUCIE BLVD #404		NAME		
CITY-ST-ZIP	STUART, FL 34996		STREET ADDRESS		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ALICE K		NAME		
STREET ADDRESS	1600 SE ST LUCIE BLVD 207		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROWBRIDGE, DOT		NAME		
STREET ADDRESS	1600 SE ST. LUCIE BLVD. 204		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Lewis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/10/06 <small>Date</small>		287-4948 <small>Daytime Phone #</small>