

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90023 026 ****61.25

DOCUMENT # 750333

1. Entity Name
BANYAN POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
601 SHREVE STREET
PUNTA GORDA, FL 33950 US

Mailing Address
601 SHREVE STREET
PUNTA GORDA, FL 33950 US

9004304J



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03142008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
STAR HOSPITALITY MGMT., INC.
3160 MATECUMBE KEY RD.
PUNTA GORDA, FL 33955

7. Name and Address of New Registered Agent
 Name **STAR HOSPITALITY MGMT., INC.**
 Street Address (P.O. Box Number is Not Acceptable)
6025 TAYLOR RD., #2
 City **PUNTA GORDA** FL Zip Code **33950**

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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 *Sherry Carlw* DATE 3-18-08

* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, BARBARA 601 SHREVE ST 51B PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEXANDER, RAY 601 SHREVE ST 46C PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBER, HENRY 601 SHREVE ST 11B PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVINE, RICHARD 601 SHREVE ST 35C PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCHEFF, BEVERLY 601 SHREVE ST 25A PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WETTERING, LAVONNE 601 SHREVE ST 23B PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCDANIEL, BARBARA 601 SHREVE ST 51B PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALEXANDER, RAY 601 SHREVE ST 46C PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARBER, HENRY 601 SHREVE ST 11B PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEVINE, RICHARD 601 SHREVE ST 35C PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOCHEFF, BEVERLY 601 SHREVE ST 25A PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Raymond W. Alexander Jr.* **RAYMOND W. ALEXANDER JR.** MARCH 19, 2008 941-637-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #