

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **756825** (6)

1. Corporation Name
BANYAN SPRINGS PATIO VILLAS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**10780 CEDAR POINT BLVD.
BOYNTON BEACH FL 33437**

2. Principal Place of Business 2a. Mailing Address
21 Suite Apt # etc 26 Suite Apt # etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

APPROVED AND FILED
MAY 22 11:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/17/1981** 3a. Date of Last Report **01/25/1994**
4. FEI Number **59-2103528** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CUSTOM PROPERTY MANAGEMENT
2328 S CONGRESS AVE
STE 2A
WEST PALM BEACH FL 33408**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Type or print name of registered agent and title if applicable) _____ (Type Registered Agent signature required when mandating) _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	VD & DIR
NAME	SCHWARTZ, JACK
STREET ADDRESS	5135 PINE DR
CITY ST ZIP	BOYNTON BEACH FL
TITLE	PD & DIR
NAME	KARLIN, PERCY
STREET ADDRESS	10066 CHERRYWOOD
CITY ST ZIP	BOYNTON BCH FL
TITLE	TD & DIR
NAME	SCHAEFFER, BILL
STREET ADDRESS	10119 ASHWOOD
CITY ST ZIP	BOYNTON BCH, FL 00000
TITLE	VD
NAME	HOFFER, JOSEPH
STREET ADDRESS	10058 LAURELWOOD FL
CITY ST ZIP	BOYNTON BCH, FL
TITLE	ST
NAME	PINSEL, MELVIN
STREET ADDRESS	10015 SHADYWOOD
CITY ST ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VD
43 STREET ADDRESS	WILLIAM SALTZMAN
44 CITY ST ZIP	5035 PINE DRIVE
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	BOYNTON BEACH, FL 33437
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Percy Karlin* PERCY KARLIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95 407-736-2235
Date Name (Phone #)

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FLORIDA DEPARTMENT OF STATE
Barbara B. Maxwell
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 22 AM 10:15

SECRETARY OF STATE
TAMPA, FLORIDA

DOCUMENT # **758406** (3)

**WAT MONGKOLRATANARAM OF FLORIDA, INC., THAI BUDD
HIST TEMPLE, INTERBAY AREA, FLORIDA**

Principal Place of Business: **5306 PALM RIVER RD TAMPA FL 33619**
Mailing Address: **5306 PALM RIVER RD TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

21	2a	22	27	23	28	24	25	29	30
Principal Place of Business		Mailing Address		City & State		Zip		Country	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Zip		Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
05/19/1981	04/29/1994
4. FEI Number	Applied For
59-2190641	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHINSOMBOON, VISUTH
3608 WEST STERLING CIRCLE
TAMPA FL 33609**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMNIEN, JAIKLAM	12 NAME	PHRAMONGKOLRAJMUNI
STREET ADDRESS	5306 PALM RIVER RD.	13 STREET ADDRESS	5306 PALM RIVER RD.
CITY, ST, ZIP	TAMPA FL 33619	14 CITY, ST, ZIP	TAMPA FL 33619
TITLE	SD	21 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMKUAN, KAMHAENG	22 NAME	P.M. PREECHA, YIRUM
STREET ADDRESS	5306 PALM RIVER RD.	23 STREET ADDRESS	5306 PALM RIVER RD.
CITY, ST, ZIP	TAMPA FL 33619	24 CITY, ST, ZIP	TAMPA FL 33619
TITLE	D	31 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANOQVAREEYUT, WORAPHAK	32 NAME	P.M. NUNMANUS, SANMUAN
STREET ADDRESS	5306 PALM RIVER RD	33 STREET ADDRESS	5306 PALM RIVER RD.
CITY, ST, ZIP	TAMPA FL 33619	34 CITY, ST, ZIP	TAMPA FL 33619
TITLE	D	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMKUAN, KAMHAENG P.M.	42 NAME	P. SEREE PREECHAYOS
STREET ADDRESS	5306 PALM RIVER RD	43 STREET ADDRESS	5306 PALM RIVER RD.
CITY, ST, ZIP	TAMPA FL	44 CITY, ST, ZIP	TAMPA FL 33619
TITLE		51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	P. VICHIT, PHANDULO
STREET ADDRESS		53 STREET ADDRESS	5306 PALM RIVER RD.
CITY, ST, ZIP		54 CITY, ST, ZIP	TAMPA FL 33619
TITLE		61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	P.M. VANLOPH, SUKSAWAT
STREET ADDRESS		63 STREET ADDRESS	5306 PALM RIVER RD.
CITY, ST, ZIP		64 CITY, ST, ZIP	TAMPA FL 33619

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 such were made by me in person. 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-95 (815) 21-6385
Date Initials