

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 756825 (6)  
1. Corporation Name

**BANYAN SPRINGS PATIO VILLAS ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: 03/17/1981  
3a. Date of Last Report: 05/22/1995  
4. FEI Number: 59-2103528  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

**CUSTOM PROPERTY MANAGEMENT  
2328 S CONGRESS AVE  
STE 2A  
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, JACK	
STREET ADDRESS	5135 PINE DR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARLIN, PERCY	
STREET ADDRESS	10066 CHERRYWOOD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHAEFFER, BILL	
STREET ADDRESS	10119 ASHWOOD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MOFFER, JOSEPH	
STREET ADDRESS	10668 LAURELWOOD PL	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PINSEL, MELVIN	
STREET ADDRESS	10015 SHADYWOOD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SALTZMAN, WILLIAM	
1.3 STREET ADDRESS	5035 PINE DR	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHOPLIN, HELEN	
6.3 STREET ADDRESS	5026 PINE DR	
6.4 CITY-ST-ZIP	BOYNTON BEACH FL	

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 if changed, or on an attachment with an address.

SIGNATURE: *William Saltzman* 4/17/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: W.P.  
Date: 4/17/96 Date/Time: Phone: #

CR2E037 (12/95)