FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

FILED

Apr 30 1997 8:00am

Secretary of State

Daytime Phone # 0042534

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

SIGNATURE:

756825

(6)

BANYAN SPRINGS PATIO VILLAS ASSOCIATION, INC.

DANTA	N SENINGS FATIO VILLAS	NOOUCIA	111011, 1110.			
Principal Place	of Business	Mailing Address				
10780 CEDAR POINT BLVD. 10780 CEDAR POINT BLVD. BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437						
						3. Date Incorporated or Qualified 03/17/1981 3a. Date of Last Report 04/24/1996
2. Principal Pl	ace of Business	2a. Mail 26	2a. Mailing Address 26			4. FEI Number Applied For S9-2103528 Not Applicable
Suite, Apt. 1	#, etc	Suite 27	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z ip 24	Zip Country		Zip Cor 29 30		try	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 1. Yes No No
	9. Name and Address of Curre		l Agent	1241		10, Name and Address of New Registered Agent
				8	1 Name	
CUSTOM PROPERTY MANAGEMENT 2328 S CONGRESS AVE				8	2 Street	Address (P.O. Box Number is Not Acceptable)
STE 2A					3	
WEST PALM BEACH FL 33406				84 City		FL 85 Zip Code
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refinitating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	V	ID DITTED OF	DELETE	1.1 TITL	F	Change X Addition
NAME	SALTZMAN, WILLIAM		_	1,2 NAM		Jeanne Hirschberg
STREET ADDRESS	5035 PINE DR				et address	5041 Pine Drive
CITY - ST - ZIP	BOYNTON BEACH FL			1	-ST-ZIP	Boynton Beach FL
TITLE	PD		DELETE	2.1 TITU		SB Change Addition
NAME .	KARLIN, PERCY			2.2 NAM		Summer Tye
STREET ADDRESS	10066 CHERRYWOOD			2.3 STR	ET ADORESS	5051 Pine Drive
CITY-ST-ZIP	BOYNTON BCH FL			2.4 CIT	Y-ST-ZIP	Boynton Beach FL
TITLE	TD		DELETE	31 TITL	E	Change Addition
NAME	SCHAEFFER, BILL			3.2 NAM	IE -	·
STREET ADDRESS	10119 ASHWOOD			3.3 STR	eet address	
CITY-S1-ZIP	BOYNTON BCH, FL 00000				Y-ST-ZIP	
TITLE			DELETE	4.1 TITL		Change Addition
NAME	CHOPLIN, HELEN			4. 2 NA		
STREET ADDRESS	5026 PINE DR				EET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH PL		DELETE		-ST-ZIP	Change Addition
TITLE	PINSEL, MELVIN		Detert	5.1 TITL		Criange C Association
NAME STOCET ADDRESS	10015 SRADYWOOD			5.2 NAV		-
STREET ADORESS	BOYNTON BEACH FL				EET ADDRESS	
CITY-ST-ZIP TITLE	DOTITION DEACTITE		DELETE	6.1 TITL	'-ST-ZIP F	Change Addition
NAME		_		6.2 NAM		- Visigs Lij Horron
STREET ADDRESS		ſ			il Eet address	
CITY-ST-ZIP		Λ			ee i Auumeaa '-ST-ZIP	
14. I do heret	by certify that the information supplied	wh this fill	ng does not qua	lify for the e	xemption	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
14. I do hereby certify that the information supplied win 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 annual report of 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 an attachment with an address.						