

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/17/1981	
4. FEI Number 59-2103528	Applied For <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VPD
NAME	SALTZMAN, WILLIAM	1.2 NAME	CARL BERGMAN
STREET ADDRESS	5035 PINE DR	1.3 STREET ADDRESS	10177 CHESTWOOD PLACE
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	PD	2.1 TITLE	TD
NAME	KARLIN, PERCY	2.2 NAME	ROBERT SHERMAN
STREET ADDRESS	10086 CHERRYWOOD	2.3 STREET ADDRESS	10173 CHESTWOOD PLACE
CITY-ST-ZIP	BOYNTON BCH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	TD	3.1 TITLE	
NAME	SCHAEFFER, BILL	3.2 NAME	
STREET ADDRESS	10119 ASHWOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	SD
NAME	HIRSCHBERG, JEANNE	4.2 NAME	JEANNE HIRSCHBERG
STREET ADDRESS	5041 PINE DR	4.3 STREET ADDRESS	5041 PINE DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	SD	5.1 TITLE	PD
NAME	TYE, SUMMER	5.2 NAME	SUMNER TYE
STREET ADDRESS	5051 PINE DR	5.3 STREET ADDRESS	5051 PINE DRIVE
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE		6.1 TITLE	D
NAME		6.2 NAME	JOSEPH FURMAN
STREET ADDRESS		6.3 STREET ADDRESS	10065 CHERRYWOOD PLACE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARL BERGMAN	
1.3 STREET ADDRESS	10177 CHESTWOOD PLACE	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT SHERMAN	
2.3 STREET ADDRESS	10173 CHESTWOOD PLACE	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEANNE HIRSCHBERG	
4.3 STREET ADDRESS	5041 PINE DRIVE	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUMNER TYE	
5.3 STREET ADDRESS	5051 PINE DRIVE	
5.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOSEPH FURMAN	
6.3 STREET ADDRESS	10065 CHERRYWOOD PLACE	
6.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: *Robert Sherman* 4/1/98 (561) 734-4511

CR2E037 (10/97)