

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756825

1. Entity 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 33437-1310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2103528

Applied For

Not Applicable

5: Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERGMAN, CARL 10177 CHESTWOOD PLACE BOYNTON BEACH FL 33437	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIRSCHBERG, JEANNE 5041 PINE DRIVE BOYNTON BCH, FL 00000 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYE, SUMNER 5051 PINE DRIVE BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMAN, BRUCE 10108 ASHWOOD PLACE BOYNTON BEACH FL 33437	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURMAN, JOSEPH 10065 CHERRYWOOD PLACE BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELLMAN, HY 10127 ASHWOOD PLACE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSKOWITZ, ALVIN 10118 MARWOOD PLACE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FURMAN, JOSEPH 10065 CHERRYWOOD PLACE BOYNTON BEACH, FL 33437	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90038 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)