

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90755 031 ****61.25

DOCUMENT # 756825

1. Entity Name

BANYAN SPRINGS PATIO VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10780 CEDAR POINT BLVD.
 BOYNTON BEACH FL 33437

10780 CEDAR POINT BLVD.
 BOYNTON BEACH FL 33437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2103528

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	TD	<input type="checkbox"/> Delete
NAME	HELLMAN, HY	
STREET ADDRESS	10127 ASHWOOD PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIRSCHBERG, JEANNE	
STREET ADDRESS	5041-PINE-DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL 00000 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TYE, SUMNER	
STREET ADDRESS	5051 PINE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOSKOWITZ, ALVIN	
STREET ADDRESS	10118 MARWOOD PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FURMAN, JOSEPH	
STREET ADDRESS	10065 CHERRYWOOD PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIT, CHARLES	
STREET ADDRESS	10051 SHADYWOOD PLACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	

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]* **REQUIRED**

4-03-02

CR2E037 (9/01)