

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90345 015 ****61.25

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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country
City & State: Zip Country

4. FEI Number: 59-2103528 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**CUSTOM PROPERTY MANAGEMENT
2328 S CONGRESS AVE
STE 2A
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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 BEACH FL 33437	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TYE, SUMNER	
STREET ADDRESS	5051 PINE DRIVE	
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	D	<input type="checkbox"/> Delete
NAME	GLORIT, CHARLES	
STREET ADDRESS	10051 SHADYWOOD PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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: _____ **4-1-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #