

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90056 010 ****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

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

**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

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
Due By May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD HELLMAN, HY 10127 ASHWOOD PLACE BOYNTON BEACH FL 33437 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIRSCHBERG, JEANNE 5041 PINE DRIVE BOYNTON BEACH FL 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	VD FURMAN, JOSEPH 10065 CHERRYWOOD PLACE BOYNTON BEACH FL 33437 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIT, CHARLES 10051 SHADYWOOD PLACE BOYNTON BEACH FL 33437 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 #