

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90017 024 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

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. 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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD HELLMAN, HY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10127 ASHWOOD PLACE BOYNTON BEACH FL 33437	
TITLE NAME	SD HIRSCHBERG, JEANNE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5041 PINE DRIVE BOYNTON BEACH FL 33437	
TITLE NAME	PD TYE, SUMNER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5051 PINE DRIVE BOYNTON BEACH FL 33437	
TITLE NAME	VD FURMAN, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10065 CHERRYWOOD PLACE BOYNTON BEACH FL 33437	
TITLE NAME	D GLORIT, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10051 SHADYWOOD PLACE BOYNTON BEACH FL 33437	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VPD RIFKIN, IRWIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5082 PINE DRIVE BOYNTON BEACH, FL 33437	
TITLE NAME	2VPD WEAVING, DOUGLAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10118 ASHWOOD PLACE BOYNTON BEACH, FL 33437	
TITLE NAME	TD MARGULIES, HERBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5076 PINE DRIVE BOYNTON BEACH, FL 33437	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

President

4-4-06

561-737-0937

Date

Daytime Phone #