## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#766069** 

FILED Jan 09, 2004 Secretary of State

Entity Name: THE BANYAN TREE OF KEY WEST CONDOMINIUM AND OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 323 WHITEHEAD STREET KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 323 WHITEHEAD STREET KEY WEST, FL 33040 FEI Number: 59-2735297 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A.G.C. CO 2300 SUN BANK CENTER 200 S. ORANGE AVE. ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KATZ, LORI Name: Name: 1514 FOURTH ST Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ONIELL, ROB O Name: Name: Address: 1728 WISCONSIN AVE NW #241 Address: City-St-Zip: WASHINGTON, DC 20007 City-St-Zip: Title: Title: () Change () Addition ( ) Delete KIER, VANCE Name: Name: Address: 323 WHITEHEAD ST Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: ( ) Delete Title: DP Title: () Change () Addition Name: SUROWIECKI, STEVE Name: Address: 2036 SE 17TH ST. Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: DV () Delete Title: () Change () Addition ABRAMS, RICHARD Name: Name: 593 S. BERMONT AVE. Address: Address: City-St-Zip: LAFAYETTE, CO 80026 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CONOEN, AUDRIA CONOEN, AUDRIA Name: Name: Address: 1534 GLEN COVE LANE Address: 1534 GLEN COVE LANE GLEASON, TN 38229 BELLINGHAM, WA 982295026 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VANCE KIER VP 01/09/2004