

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90035 002 \*\*\*\*61.25

<b>DOCUMENT # 766656</b> 1. Entity Name <b>BANYAN TREE CONDOMINIUMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O L &amp; C ROYAL MANAGEMENT 12301 NW 7TH LN MIAMI, FL 33182 US</b>			Mailing Address <b>C/O L &amp; C ROYAL MANAGEMENT 12301 NW 7TH LN MIAMI, FL 33182 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2512412</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LOPEZ, JOSE L 12301 NW 7TH LN MIAMI, FL 33182</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GONZALEZ, OLGA</b>		NAME	<b>Suzi Kruglak</b>	
STREET ADDRESS	<b>9800 HAMMOCKS BLVD. UNIT 201</b>		STREET ADDRESS	<b>9726 Hammocks Blvd. Unit: 102</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP	<b>Miami, FL 33196</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUCKETT, PHILLIP</b>		NAME	<b>Olga Gonzalez</b>	
STREET ADDRESS	<b>9706 HAMMOCKS BLVD. UNIT 104</b>		STREET ADDRESS	<b>9800 Hammocks Blvd. Unit 201</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP	<b>Miami, FL 33196</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANDOVAL, ANA</b>		NAME		
STREET ADDRESS	<b>9710 HAMMOCKS BLVD. UNIT 203</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HURTADO, DIEGO</b>		NAME		
STREET ADDRESS	<b>9704 HAMMOCKS BLVD. UNIT 202</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANTIAGO, ESTELA</b>		NAME		
STREET ADDRESS	<b>9720 HAMMOCKS BLVD. UNIT 204</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>			<b>3/20/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		