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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90010 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K41672

1. Corporation Name

BANANA CAY APTS., INC.

Principal Place of Business

P.O. BOX 464  
MARBLEHEAD MA 01945

Mailing Address

P.O. BOX 464  
MARBLEHEAD MA 01945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1988

4. FEI Number

59-2920656

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

TOMPKINS, THOMAS N.  
1731 BOGGY CREEK ROAD  
KISSIMMEE FL 34744

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME REEBENACKER, NOEL J.  
STREET ADDRESS 6464 BRANDYWINE CT #211  
CITY-STATE-ZIP STUART FL

DELETE ☒

TITLE DV  
NAME TOMPKINS, THOMAS N.  
STREET ADDRESS 1731 BOGGY CREEK ROAD  
CITY-STATE-ZIP KISSIMMEE FL

DELETE ☐

TITLE DST  
NAME ROUNSEVILLE, ROY H.  
STREET ADDRESS 3709 S.E. DOUBLETON DRIVE  
CITY-STATE-ZIP STUART FL

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DELETE ☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S  
1.2 NAME THOMAS N. TOMPKINS  
1.3 STREET ADDRESS 1731 BOGGY CREEK ROAD  
1.4 CITY-STATE-ZIP KISSIMMEE, FL

Change ☒

Addition ☐

2.1 TITLE V  
2.2 NAME ROUNSEVILLE, ROY H.  
2.3 STREET ADDRESS 1130 CHAPMAN WAY, # 505  
2.4 CITY-STATE-ZIP PALM CITY, FL 34990

Change ☒

Addition ☐

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

Change ☐

Addition ☐

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

Change ☐

Addition ☐

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

Change ☐

Addition ☐

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

Change ☐

Addition ☐

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas N. Tompkins, VP 4-20-99 407-847-6712

Date

Daytime Phone #

CR2E034 (11/98)