

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004813

FILED
Mar 26, 2009
Secretary of State

Entity Name: BANYAN WOODS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1661 TRADE CTR WAY
NAPLES, FL 34109

New Principal Place of Business:

1661 TRADE CTR WAY
#2
NAPLES, FL 34109

Current Mailing Address:

P O BOX 110969
NAPLES, FL 34108

New Mailing Address:

FEI Number: 52-2365918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOUCÉ MURRELL GAL PA
5405 PARK CENTRAL CT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: WATLER, ERIC
Address: 5092 POST OAK LANE
City-St-Zip: NAPLES, FL 34105

Title: DV () Delete
Name: CRISCI, GARY
Address: 4952 RUSTIC OAKS CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: DS () Delete
Name: SWIFT, THOMAS
Address: 4936 RUSTIC OAKS CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: DT () Delete
Name: WILLIAMSON, KYLE
Address: 4932 RUSTIC OAKS CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: HILL, KIMBERLY
Address: 4903 RUSTIC OAK CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: DUCA, ANTHONY
Address: 4996 RUSTIC OAK CIRCLE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FITZPATRICK, WILLIAM
Address: 5050 BLAUVELT WAY, #202
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ERIC WATLER

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date