2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90321 035 ****61.25

DOCUMENT # N02000000427

1. Entity Name
THE RESERVE AT BANYAN WOODS CONDOMINIUM ASSOCIATION, INC.

14000562

Principal Place of Business	Mailing Address
4306 ARNOLD AVE. NAPLES, FL 34104	PO BOX 110339 NAPLES, FL 34108

03142005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3050 N Horseshoe Dr	3050 N Horseshoe Dr
Suite, Apt. #, etc.: 275	Suite, Apt. #, etc.: 275
City & State: Naples, Fl	City & State: Naples Fl
Zip: 34104 Country: USA	Zip: 34104 Country:

4. FEI Number: 05-0564547 ☐ 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
KUETER, BEVERLY C\O SUNBURST MGMT. CORP. 4306 ARNOLD AVE. NAPLES, FL 34104	Name: Kramer - Triad Mgt Group Street Address (P.O. Box Number is Not Acceptable): 3050 N Horseshoe Dr City: Naples FL Zip Code: 34104

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: Marilyn Grasso agent 3/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 / STREET ADDRESS / CITY-ST-ZIP	DP JUDITH, MARTIN 5001 MAXWELL CIR. #101 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SCOVILLER, DOROTHY 5004 MAXWELL CIR. #101 NAPLES, FL 34108	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition VP Paula Gamboa 5017 Maxwell cir 101 Naples, Fl 34105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PRICE, JUDY 5025 MAXWELL CIR. #102 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: X Judith A. Martin JUDITH A. MARTIN 3-23-05 239 793 8339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #