## → 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02000000427

1. Entity Name
THE RESERVE AT BANYAN WOODS CONDOMINIUM



FILED Mar 08, 2007 8:00 am Secretary of State

03-08-2007 90004 014 \*\*\*\*61.25

ASSOCIATION, INC.				7			
		Mailing Address 3050 N HORSESHOE DR NAPLES, FL 34104	#275	- سیا			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		I (BERULA) AN ABRUF (SI	<b>                                 </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202007 Chg	-NP CR2E03	7 (12/06)	
City & State		City & State		4. FEI Number 05-0564547		<b>→</b>	plied For of Applicable
Zip	Country	Zip	Country	5. Certificate of Stat		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Addre	ss of New Registered A	gent	
KRAMER-TRIAL MGMT GROUP			Name				
275 N HORSESHE DR NAPLES, FL 34104			Street Addre	ess (P.O. Box Number is No	ot Acceptable)		
			City			Zip Code	
					FL		
	named entity submits this statement f tions of registered agent.	or the purpose of changing its re	egistered office or regi	istered agent, or both, in th	e State of Florida. I am fa	rniliar with,	and accept
SIGNATURE							
Oldini Olic	Classe						
i	Signature, typed or printed name of registered agen	f and title if applicable. (NOTE: R	Registered Agent signature rec	quired when reinstating)	DATE		
3	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart		
	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	paign Financing	\$5.00 May Be Added to Fees	Make check Florida Departi	ment of St	ate
;	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	paign Financing Intribution.	\$5.00 May Be Added to Fees	Make check Florida Departs	ment of St	ate
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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 his 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 an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR!

agent

2/26/11/Day Day

Daylime Phone II