## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000007931

**Current Principal Place of Business:** 

TI FILED
Sep 01, 2005
Secretary of State

Entity Name: BANYAN BAY AT RUTLAND HOMEOWNERS ASSOCIATION, INC.

2180 WEST SR 434 SUITE 5000	3434 COLWELL AVENUE
LONGWOOD, FL 32779	SUITE 200
	TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 3434 COLWELL AVENUE LONGWOOD, FL 32779 SUITE 200 TAMPA, FL 33614

FEI Number: 51-0520088 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US
RIZZETTA & COMPANY, INC.
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

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: WILLIAM J. RIZZETTA 09/01/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

Title: PD () Delete Title: () Change () Addition
Name: MOSS, DAVID Name:
Address: 6250 HAZELTINE NATIONAL DR SUITE 102

 Address:
 6250 HAZELTINE NATIONAL DR SUITE 102
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LAWSON, ROB
 Name:

 Address:
 6250 HAZELTINE NATIONAL DR SUITE 102
 Address:

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

Name:MURPHY, BRANDYName:Address:6250 HAZELTINE NATIONAL DR SUITE 102Address:City-St-Zip:ORLANDO, FL 32822City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID MOSS PD 09/01/2005