

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90069 043 ****61.25

DOCUMENT # N05000001668					
1. Entity Name BANYAN SPRINGS TENNIS CLUB, INC.					
Principal Place of Business 1078 CEDAR POINT BLVD BOYNTON BEACH, FL 33437			Mailing Address 1078 CEDAR POINT BLVD BOYNTON BEACH, FL 33437		
2. Principal Place of Business 10780 CEDAR POINT BLVD Suite, Apt. #, etc.		3. Mailing Address 10780 CEDAR POINT BLVD Suite, Apt. #, etc.			
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL		4. FEI Number	
Zip 33437		Country UNITED STATES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIRSCHHAUT, ROBERT 10047 53 WAY S #901 BOYNTON BEACH, FL 33437				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Robert Hirschhaut</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/7/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete ROBERT HIRSCHHAUT 10047 53 WAY S. (#901) BOYNTON BEACH, FL 33437				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER <input type="checkbox"/> Delete NORMAN WHITE 10118 MANGROVE DR. (#103) BOYNTON BEACH, FL 33437				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Delete IRWIN RIFKIN 5082 PIKE DR. BOYNTON BEACH, FL 33437				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <u>Robert Hirschhaut</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4/7/06</u> DAYTIME PHONE # <u>561-369-4192</u>	