2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001668

1. Entity Name
BANYAN SPRINGS TENNIS CLUB, INC.

Principal Place of Business	Mailing Address
10780 CEDAR POINT BLVD BOYNTON BEACH, FL 33437	10780 CEDAR POINT BLVD BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIRSCHHAUT, ROBERT
10047 53 WAY S #901
BOYNTON BEACH, FL 33437

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HIRSCHHAUT, ROBERT
STREET ADDRESS	10047 53RD WAY SOUTH #901
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	ST
NAME	WHITE, NORMAN
STREET ADDRESS	10118 MANGROVE DR #103
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VP
NAME	RIFKIN, IRWIN
STREET ADDRESS	5082 PIKE DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000706539
04/24/07-80038-009 61.25

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: Norman W. White NORMAN W. WHITE TREASURER 4-11-07 561-737-7457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #