

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006445

1. Entity Name
BANANA TERRACE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**305 ORANGE STREET
PALM HARBOR, FL 34683**

Mailing Address
**POST OFFICE BOX 6688
OZONA, FL 34660**



03112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1967636

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DONOVAN, BETSY
407 TAMPA ROAD
PALM HARBOR, FL 34683**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000857851
04/01/08-80021-005 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEFERRARI, RONALD H
STREET ADDRESS 121 HARBOR DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VD
NAME FLOWERS, LAUREL
STREET ADDRESS 125 HARBOR DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE STD
NAME DONOVAN, BETSY
STREET ADDRESS 407 TAMPA ROAD
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

Betsy Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08

Date

Daytime Phone # _____