

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90005 044 ****61.25

DOCUMENT # N25484 1. Entity Name BANYAN COVE HOMEOWNERS ASSOCIATION, INC.																																																																																																																																																																			
Principal Place of Business % DAVID GLASER, TRESURER 8861 BANYAN COVE CIRCLE FT MYERS, FL 33919 US		Mailing Address % DAVID GLASER, TRESURER 8861 BANYAN COVE CIRCLE FT MYERS, FL 33919 US																																																																																																																																																																	
2. Principal Place of Business ROBERT MILJUS Suite, Apt. #, etc. 8872 BANYAN COVE CR. City & State FT. MYERS, FLORIDA Zip 33919 Country U.S.A.		3. Mailing Address JUDITH CAMPBELL Suite, Apt. #, etc. 8758 BANYAN COVE CR. City & State FT. MYERS, FLORIDA Zip 33919 Country U.S.A.																																																																																																																																																																	
4. FEI Number 65-0104693		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																																																	
6. Name and Address of Current Registered Agent GANTT, HAL 8741 BANYAN COVE CIRCLE FT MYERS, FL 33919		7. Name and Address of New Registered Agent Name JUDITH CAMPBELL Street Address (P.O. Box Number is Not Acceptable) 8758 BANYAN COVE CR FT. MYERS, FL 33919 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 JUDITH CAMPBELL <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Judith Campbell</i> 2-1-06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</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																																																																																																																																																																			
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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 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: JUDITH CAMPBELL <i>Judith Campbell</i> 239-454-1322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <div style="text-align: right; margin-top: 10px;">2-1-06</div>																																																																																																																																																																			