



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90033 040 ****61.25

DOCUMENT # N25484 1. Entity Name BANYAN COVE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business ROBERT MILJUS 8872 BANYAN COVE CIR FT MYERS, FL 33919 US		Mailing Address JUDITH CAMPBELL 8758 BANYAN COVE CIR FT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address ROBERT MILJUS Pres. Suite, Apt. #, etc. 8872 BANYAN COVE CR City & State FT. MYERS FL Zip Country 33919 USA	
			
		01102007 Chg-NP CR2E037 (12/06)	
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 CAMPBELL, JUDITH 8758 BANYAN COVE CIR FT MYERS, FL 33919		7. Name and Address of New Registered Agent Name ROBERT MILJUS Street Address 8872 BANYAN COVE CR 8872 BANYAN COVE CR City FT. MYERS FL Zip Code 33919	
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 ROBERT MILJUS <i>X Robert C. Miljus</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D FLAUGHER, MARGE 8884 BANYAN COVE CR. FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY JOAN TURNER 8800 BANYAN COVE CR FT MYERS, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P MILJUS, ROBERT 8872 BANYAN COVE CIRCLE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE	D JUDITH CAMPBELL 8758 BANYAN COVE CR FT. MYERS, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP OWENS, KEN 8765 BANYAN COVE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T FELTS, JOHN 8867 BANYAN COVE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S CAMPBELL, JUDITH 8758 BANYAN COVE CIRCLE FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CINDRICH, GEORGE 8801 BANYAN COVE CIRCLE FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>X Robert C. Miljus</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		239-466-0977 <small>Daytime Phone #</small>	