


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90028 024 \*\*\*\*61.25

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # N25484</b><br>1. Entity Name<br><b>BANYAN COVE HOMEOWNERS ASSOCIATION, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>ROBERT MILJUS</b><br><b>8872 BANYAN COVE CIR</b><br><b>FT MYERS, FL 33919 US</b>   |   |   | Mailing Address<br><b>ROBERT MILJUS PRES</b><br><b>8872 BANYAN COVE CR</b><br><b>FT MYERS, FL 33919 US</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>    |   |   |  |
| 4. FEI Number<br><b>65-0104693</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable                              |   |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>   |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MILJUS, ROBERT</b><br><b>8872 BANYAN COVE CR</b><br><b>FT MYERS, FL 33919</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>JUDITH CAMPBELL</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8758 BANYAN COVE CR</b><br>City <b>FT. MYERS</b> <b>FL</b> Zip Code <b>33919</b> |   |  |
| 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.<br><br>SIGNATURE <u><i>Judith Campbell</i></u> <b>JUDITH CAMPBELL</b> <u>2/8/08</u><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing statement.)</small>  |   |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>TURNER, JOAN<br>8800 BANYAN COVE CR<br>FORT MYERS, FL 33919      | <input checked="" type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CAMPBELL, JUDITH<br>8758 BANYAN COVER CR<br>FORT MYERS, FL 33919 | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>OWENS, KEN<br>8765 BANYAN COVE<br>FORT MYERS, FL 33919          | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>FELTS, JOHN<br>8867 BANYAN COVE<br>FORT MYERS, FL 33919          | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input checked="" 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><i>Judith Campbell</i></u> <b>JUDITH CAMPBELL</b> <u>2/8/08</u> <u>239-454-1322</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |   |  |