## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25484

FILED Jan 31, 2009 Secretary of State

Entity Name: BANYAN COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** ROBERT MILJUS 8872 BANYAN COVE CIR FT MYERS, FL 33919 **New Mailing Address: Current Mailing Address:** ROBERTR MILJUS PRES ROBERT MILJUS 8872 BANYAN COVE CIR 8872 BANEAN COVE CR FT MYERS, FL 33919 FT MYERS, FL 33919 FEI Number: 65-0104693 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, JUDITH CAMPBELL, JUDITH 8758 BANYÁN COVE CR 8758 BANYÁN COVE CR FORT MYERS, FL 33919 US US FT. MYERS, FL 33919 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. SIGNATURE: JUDITH CAMPBELL 01/31/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CAMPBELL, JUDITH Name: Name: 8758 BANYAN COVER CR Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: Title: () Delete () Change () Addition OWENS, KEN Name: Name: Address: 8765 BANYAN COVE Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: () Change () Addition FELTS, JOHN Name: Name: 8867 BANYAN COVE Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: () Change () Addition MILJUS, ROBERT Name: Name: 8872 BANYAN COVE CR Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: Title: () Delete () Change () Addition GELESKO, NICK Name: Name: 8860 BANYAN COVE CR Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition FARNSWORTH, PAM Name: Name: Address: Address: 8878 BANYAN COVE CR. FT. MYERS, FL 33919 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH CAMPBELL S 01/31/2009