2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # N29210 04-06-2006 90017 022 ****61.25 COACH HOMES OF BANYAN SPRINGS, INC. Mailing Address Principal Place of Business 10780 CEDAR POINT BOULEVARD BOYNTON BEACH FL 33437 10780 CEDAR POINT BOULEVARD **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For City & State 65-0105947 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSTOM PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 2328 SO. CONGRESS AVENUE #2A WEST PALM BEACH FL 33406 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 Signature, typed or privited name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE Delete TITLE Change ☐ Addition PLONSKY, SAMUEL NAME NAME 10078 CEDAR PT BLVD #401 STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33437 CITY-ST-ZIP CITY-ST-21P Addition TITLE Delete TITLE Change SILVERBERG, IRWIN NAME NAME FISH, SEYMOUR 10084 CEDAR POINT BOULEVARD #504 STREET ADDRESS STREET ADDRESS 10044 CEDAR POINT BLVD. #602 CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-7IP BOYNTON BEACH, FL 33437 PD TITLE ☐ Delete ☐ Channe Addition TITLE PRAVDA, IKE · NAME NAME STREET ADDRESS 10052 CEDAR PT BLVD #101 STREET ADDRESS BOYNTON BEACH FL 33437 CITY-ST-74P CITY-ST-7IP Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED