


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90230 023 ****61.25

DOCUMENT # N31094 1. Entity Name BANANA BAY HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2582 S. MAGUIRE RD. 318 OCOEE, FL 34761 US			Mailing Address 2582 S. MAGUIRE RD. #318 OCOEE, FL 34761 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOLOMON, SPENCER R SOUTHWEST PROPERTIES 113 DESIREE AURORA ST. WINTER GARDEN, FL 34787				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u>SPENCER R. SOLOMON</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <u>3/10/06</u> <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
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					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODAWALD, JEFF 13509 LAKE LUNGE DR. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP RODAWALD 13540 LAKE LUNTZ DR. WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHILDS, JIM 13532 LAKE LUNTZ DRIVE WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOE GUSTAFSON 13559 BANANA BAY DR. WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARRIER, DAVID 2816 TROPIC CT. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JERRY GILES 13516 LAKE LUNTZ DR. WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WARREN, JAMES B 2909 TROPIC CT. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAY LYON 2801 TROPIC CT. WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARR, SCOTT 13501 LAKE LUNTZ DR. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>SPENCER R. SOLOMON</u> <u>3/10/06</u> <u>407-656-1081</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					