


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90005 018 ****61.25

DOCUMENT # N32637 1. Entity Name BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT INC. 1145 SAWGRASS CORP. PKY SUNRISE, FL 33323			Mailing Address 1145 SAWGRASS CORP SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box #		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	
BAKALAR & EICHNER P.A. CORPORATE CENTER 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEISTHAMMEL, DALE		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP		
TITLE	DTS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMUELS, ROBERTA		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHERRAN, SCOTT		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAINGROW, NEIL		NAME		
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		
CITY - ST - ZIP	SUNRISE, FL 33323		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Rodger Knowles	
STREET ADDRESS			STREET ADDRESS	1145 Sawgrass Corp Pkwy	
CITY - ST - ZIP			CITY - ST - ZIP	Sunrise, FL 33323	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Dale Feisthammel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			021807 9546324430 <small>Doc. No. Filing Price \$</small>		