

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32637

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** BANYAN ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT INC.  
1145 SAWGRASS CORP. PKY  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1145 SAWGRASS CORP  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 65-0196511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKALAR & EICHNER P.A.  
CORPORATE CENTER  
150 SOUTH PINE ISLAND ROAD, SUITE 540  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FEISTHAMMEL, DALE  
**Address:** 1145 SAWGRASS CORP PKWY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** VP  
**Name:** SAMUELS, ROBERTA  
**Address:** 1145 SAWGRASS CORP PKWY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** S  
**Name:** KNOWLES, RODGER  
**Address:** 1145 SAWGRASS CORP PKWY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** T  
**Name:** MONROY, DOMINGO  
**Address:** 1145 SAWGRASS CORPPKWY  
**City-St-Zip:** SUNRISE, FL 33323

I hereby 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 all other like empowered.

**SIGNATURE:** DALE FEISTHAMMEL

P

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date