# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 09, 2005**
**Secretary of State**

DOCUMENT# N34777

**Entity Name:** BANYAN COVE TOWNHOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

115 RIVERSIDE DRIVE
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

115 RIVERSIDE DRIVE
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number: 59-2970510** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KUTILEK, RONALD
147 RIVERSIDE DRIVE
CAPE CANAVERAL, FL 32920 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: PD ( ) Delete
Name: KUTILEK, RONALD
Address: 147 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: TD ( ) Delete
Name: MEHLHORN, LINDSAY
Address: 115 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete
Name: CORNISH, DONALD
Address: 115 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete
Name: SCHMIDT, DIANE
Address: 147 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BARRON, SHIRLEY
Address: 157 RIVERSIDE DRIVE
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDSAY MEHLHORN TD 03/09/2005

Electronic Signature of Signing Officer or Director — Date