
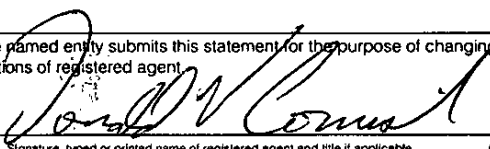
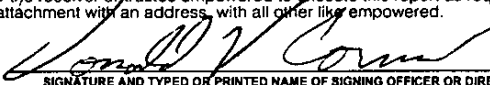


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90005 047 ****61.25

DOCUMENT # N34777 1. Entity Name BANYAN COVE TOWNHOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 115 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920			Mailing Address 115 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2970510	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KUTILEK, RONALD 147 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920			Name DONALD Cornish Street Address (P.O. Box Number is Not Acceptable) 115 Riverside Dr City Cape Canaveral, FL Zip Code 32920		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUTILEK, RONALD 147 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DON CORNISH 115 RIVERSIDE DR CAPE CANAVERAL FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEHLHORN, LINDSAY 115 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joan C Middleton 121 RIVERSIDE DR CAPE CANAVERAL FL 32920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNISH, DONALD 115 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfred Theiss - Dir PO Box 2550 Melbourne FL 32902	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, DIANE 147 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Vert-Dir 2086 Latham National City MI 48148	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, SHIRLEY 157 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Annette Godwin 6353 Carrick Rd Cocoa FL 32927	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dorothy Mills 122 Riverside Dr Cape Canaveral FL 32920	
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:  DONALD CORNISH 2/10/06 221 7845555 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					