2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N34777

1. Entity Name
BANYAN COVE TOWNHOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920	P.O. BOX 536 MELBOURNE, FL 32902

DO NOT WRITE IN THIS SPACE

02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2970510
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORNISH, DONALD
115 RIVERSDIE DR
CAPE CANAVERAL, FL 32920

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000851047
03/25/08-80023-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORNISH, DON
STREET ADDRESS	115 RIVERSIDE DR
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	S
NAME	MIDDLETON, JOAN C
STREET ADDRESS	121 RIVERSIDE DR
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	CORNISH, DONALD
STREET ADDRESS	115 RIVERSIDE DRIVE
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	D
NAME	VERT, BARBARA
STREET ADDRESS	2036 LATHAM
CITY-ST-ZIP	NATIONAL CITY, MI 48748
TITLE	D
NAME	GODWIN, ANNETTE
STREET ADDRESS	8353 CARRICK RD
CITY-ST-ZIP	COCOA, FL 32927
TITLE	D
NAME	MILLS, DANNY
STREET ADDRESS	129 RIVERSIDE DR
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920

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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 V Cornish 3-4-08 321-784-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #