2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34777

FILED Mar 13, 2009 Secretary of State

Entity Name: BANYAN COVE TOWNHOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 115 RIVERSIDE DRIVE CAPE CANAVERAL, FL 32920 **Current Mailing Address: New Mailing Address:** P.O. BOX 536 MELBOURNE, FL 32902 FEI Number: 59-2970510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNISH, DONALD 115 RIVERSDIE DR CAPE CANAVERAL, FL 32920 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CORNISH, DON CORNISH, DONALD Name: Name: 115 RIVERSIDE DR Address: 115 RIVERSIDE DR Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: CAPE CANAVERAL, FL 32920 Title: Title: (X) Change () Addition () Delete MIDDLETON, JOAN C Name: MESHELANY, JOAN C Name: Address: 121 RIVERSIDE DR Address: 1854 PLANTATION CIR SE City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: PALM BAY, FL 32909 Title: () Delete Title: () Change () Addition CORNISH, DONALD Name: Name: 115 RIVERSIDE DRIVE Address: Address: City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: VERT, BARBARA Name: BORRELLI, DARRYL Address: 2036 LATHAM Address: 125 SNEE DR City-St-Zip: NATIONAL CITY, MI 48748 City-St-Zip: JEFFERSON HILLS, PA 15025 Title: () Delete Title: (X) Change () Addition GODWIN, ANNETTE GODWIN, ANNETTE Name: Name: 8353 CARRICK RD 229 GLENMEADOWS CIR Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: BRUNSWICK, GA 31523 Title: () Delete Title: () Change () Addition MILLS, DANNY Name: Name: Address: 129 RIVERSIDE DR Address: CAPE CANAVERAL, FL 32920 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD CORNISH PRES 03/13/2009