
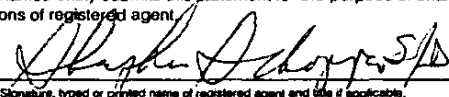
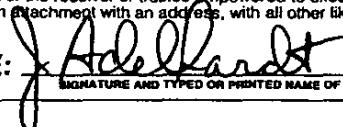


FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90044 048 ****70.00

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N35050			
1. Entity Name BANYAN TREE ESTATES PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 10305 US HWY 1 HOBE SOUND, FL 33455		Mailing Address 10305 US HWY 1 HOBE SOUND, FL 33455	
2. Principal Place of Business 3734 SE BENT BANYAN WAY Suite, Apt. #, etc.		3. Mailing Address 3734 SE BENT BANYAN WAY Suite, Apt. #, etc.	
City & State STUART FL Zip 34997 Country US		City & State STUART FL Zip 34997 Country US	
4. FEI Number 11-3051576		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent DEHON, FREDERIC T JR PA 5606 PGA BLVD 211 PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name STEPHANIE SCHOPPE S/D Street Address (P.O. Box Number is Not Acceptable) 3734 SE BENT BANYAN WAY City STUART FL Zip Code 34997	
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  STEPHANIE SCHOPPE S/D 7/19/05 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 7, 2005		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	PTD CARRERE, EARNEST D 10305 US HWY 1 HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHN ADELHARDT PO BOX 1420 PORT SALERNO FL 34992-1420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDLAND, JACK 10305 US HWY 1 HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D BARRETT SMALL 3690 SE BENT BANYAN WAY STUART FL 34997 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRERE, KELLY 10305 US HWY 1 HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D STEPHANIE SCHOPPE 3734 SE BENT BANYAN WAY STUART FL 34997 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  JOHN ADELHARDT P/D 7/19/05 772 631-9504		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	