2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N35050

Entity Name: BANYAN TREE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3734 SOUTHEAST BENT BANYAN WAY
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

3734 SOUTHEAST BENT BANYAN WAY
STUART, FL 34997 US

New Mailing Address:

FEI Number: 11-3051576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOPPE, STEPHANIE
3734 SOUTHEAST BENT BANYAN WAY
STUART, FL 34997 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: ADELHARDT, JOHN
Address: P.O. BOX 1420
City-St-Zip: PORT SALERNO, FL 349921420

Title: SD ( ) Delete
Name: SCHOPPE, STEPHANIE
Address: 3734 SOUTHEAST BENT BANYAN WAY
City-St-Zip: STUART, FL 34997

Title: TD ( ) Delete
Name: TWICHELL, FRED
Address: 3712 SE BENT BANYAN WAY
City-St-Zip: STUART, FL 34997

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHOPPE, JOHN
Address: 3733 SE BENT BANYAN WAY
City-St-Zip: STUART, FL 34997

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

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

Title: VP ( ) Change (X) Addition
Name: SELLIAN, EDWARD
Address: 3015 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34997

Title: VP ( ) Change (X) Addition
Name: GRAHAM, DAVID
Address: 3778 SE BENT BANYAN WAY
City-St-Zip: STUART, FL 34997

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: FRED TWICHELL TD 04/09/2009

Electronic Signature of Signing Officer or Director — Date