SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N38094

(1)

BANYAN DRIVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address									
•		ū							
1221 BRICKELL 1020	AVENUE	1221 BRICKELL AVENUE 1020			{				
MIAMI FL 33131		MIAMI FL 33131				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified 05/11/1990	3a. Date of Last Report 07/08/1996		
2. Principal Pl	ace of Business	2a. Malting Address	-			4. FEI Number			oplied For
21		26				65-0197040			ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
22		27						Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	
Zip Country		Zip Country				Trust Fund Contribution		Added	
Zip	25	Zip 29	30	ıу		 This corporation owes or has pa Personal Property Tax due June 	_		tangibie ∃ No
24	9. Name and Address of Curren		30			10. Name and Address of New Re			
			8	1	Name		-		
DIAMOND, LAUREN S			-	1	Stroot Addro	ss (P.O. Box Number is Not Acceptab	lo)		
	CKELL AVENUE		82 Street Ad			ss (F.O. Box Number is Not Acceptab			
SUITE 10			8	3					
MIAMI FL	. 33131		8	4	City			85 Zip (Code
44 5	the annual laborate of Continue C17 050	O and 647 1500 Florida Platuta	- 455-]	nomed corns	ration automits this statement for the p	FL	Cobanaina ii	to registered
office or re	egistered agent, or both, in the State	of Florida, Such change was at	thorized l	by	the corporatio	ration submits this statement for the p on's board of directors. I hereby accep	t the app	ointment as	registered
agent. I ar	m tamillar with, and accept the oblig	ations of, Section 617.0503, Flor	ida Statuti	es.	1		8/1/8	97	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A	per	nt signature required	when reinstating)	DATE	!/	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
TITLE	P	☐ DELETE 1			İ			Change	Addition
NAME	Corse, Stephen M.								
Street address	9305 SW 54TH CT.		1.3 STRE	1.3 STREET ADDRESS					
CITY-ST-ZIP	The state of the s		_	1.4 C/TY-ST-Z/P 2.1 T/TLE				T7 05000	1 4 2 4 10 10 10
TITLE	D							L Change	☐ Addition
NAME	DIAMOND, LAUREN			E					
STREET ADDRESS	5465 SW 98 TERR.				ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL DELETE				T-ZIP			Change	Addition
NAME				3.1 TITLE 3.2 NAME				g.	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY		i				
TITLE	D	☐ DELETE	4.1 TITLE	_				Change	☐ Addition
NAME	GROSSMAN, JOEL		4. 2 NAM	ÆΕ		,		•	
STREET ADDRESS	5450 SW 98 TERR		4.3 STRE	ET /	ADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CITY	- \$1	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE	E				Change	☐ Addition
NAME			5.2 NAM	E					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		D or con	5.4 CITY		I-ZIP			T Observe	AJJIV
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE	ET.	ADDRESS				

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

315-11-144.81L

FILED

Aug 06 1997 8:00am

Secretary of State