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Apr 23, 1999 8:00 am
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04-23-1999 90151 035 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004944

1. Corporation Name

BANNER LAKE RESIDENTS ASSOCIATION, INC.

Principal Place of Business

11212 LANTANA ST
HOBE SOUND FL 33455
US

Mailing Address

BOX 1229
HOBE SOUND FL 33475
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

65-0625535

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LOVELY, MARY
8575 S.E. MARS STREET
HOBE SOUND FL 33475

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mary Lovely* *Mary Lovely*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME LOVELY, MARY
STREET ADDRESS 8575 S.E. MARS STREET
CITY-ST-ZIP HOBE SOUND FL

TITLE D
NAME MILLER, ALFRED
STREET ADDRESS 8429 CITRUS WAY
CITY-ST-ZIP HOBE SOUND FL

TITLE P
NAME HUDSON, CATHERINE
STREET ADDRESS 12274 S.E. FLORIDA AVE
CITY-ST-ZIP HOBE SOUND FL

TITLE D
NAME MILLER, GAYLE
STREET ADDRESS 8429 CITRUS WAY
CITY-ST-ZIP HOBE SOUND FL

TITLE DS
NAME DICKESON, DAISY
STREET ADDRESS 9092 SANDRIDGE AVE
CITY-ST-ZIP HOBE SOUND FL

TITLE D
NAME HURST, M.L.
STREET ADDRESS 12173 S.E. FLORIDA AVE
CITY-ST-ZIP HOBE SOUND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Mary Lovely* *Mary Lovely* 4/22/99 561-546-6347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)