## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002535

FILED Apr 14, 2006 Secretary of State

Entity Name: BANANA POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

MCLIN & BURNSED P.A 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162

**New Mailing Address: Current Mailing Address:** 

MCLIN & BURNSED P.A. P.O. BOX 1299 THE VILLAGES, FL 321581299 US

FEI Number: 59-3318647 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:

ROY, STEVEN M 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

PALMER, KAY ALBURY, ROBERT Name: Name: 306 RIDGEWOOD DRIVE Address: 5150 BANANA POINT DRIVE Address: City-St-Zip: FRUITLAND PARK, FL 34731 US City-St-Zip: OKAHUMPKA, FL 34762 US

Title: () Delete Title: (X) Change ( ) Addition

Name: ALBURY, BECKY Name: KENNEDY, CAROLINE Address: 5150 BANANA POINT DRIVE Address: 5100 BANANA POINT DRIVE City-St-Zip: OKAHUMPKA, FL 34762 City-St-Zip: OKAHUMPKA, FL 34762

Title: DS () Delete Title: DS (X) Change ( ) Addition

ROY, CATHY B Name: WALLING, KAREN Name: 5101 BANANA POINT DRIVE 5135 BANANA POINT DRIVE Address: Address: City-St-Zip: OKAHUMPKA, FL 34762 City-St-Zip: OKAHUMPKA, FL 34762

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN WALLING D 04/14/2006