


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002535 (1) 1. Corporation Name BANANA POINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5130 BANANA POINT DRIVE OKAHUMPKA FL 34762 US			Mailing Address 5130 BANANA POINT DRIVE OKAHUMPKA FL 34762 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 5120 Banana Pt. Drive City & State Okahumpka, Fla. Zip 34762		2a. Mailing Address 26 Suite, Apt. #, etc. 5120 Banana Pt. Drive City & State Okahumpka, Fla. Zip 34762		2b. Country USA	
9. Name and Address of Current Registered Agent BELIVEAU, GREGORY A 5130 BANANA POINT DRIVE OKAHUMPKA FL 34762 <i>Delete</i>					
10. Name and Address of New Registered Agent 81 Name Charles E. Marks, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 5120 Banana Point Drive 83 84 City Okahumpka FL 85 Zip Code 34762					
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 <i>Charles E. Marks, Jr.</i> DATE 2-28-98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELIVEAU, GREGORY A		1.2 NAME	Charles E. Marks, Jr.	
STREET ADDRESS	5130 BANANA POINT DR		1.3 STREET ADDRESS	5120 Banana Pt. Dr.	
CITY-ST-ZIP	OKAHUMPKA FL		1.4 CITY-ST-ZIP	Okahumpka, Fla. 34762	
TITLE	DVT	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CAROLINE		2.2 NAME		
STREET ADDRESS	35419 FOX RUN CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY, CATHY B		3.2 NAME	Shannon McIn Carlyle	
STREET ADDRESS	5101 BANANA POINT DRIVE		3.3 STREET ADDRESS	709 Mound Ave	
CITY-ST-ZIP	OKAHUMPKA FL		3.4 CITY-ST-ZIP	Leesburg, Fla. 34748	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE *Charles E. Marks, Jr.* DATE **2-28-98** 1-800-535-5053

CR2E037 (1097)