


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002535					
1. Corporation Name BANANA POINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5120 BANANA PT DR OKAHUMPKA FL 34762 US			Mailing Address 5120 BANANA PT DR OKAHUMPKA FL 34762 US		



2. Principal Place of Business 21 5135 Banana Pt. Drive Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/30/1995	
22		27		4. FEI Number 59-3318647 Applied For Not Applicable	
23 City & State Okahumpka, Fla.		28 City & State OKAHUMPKA, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34762		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MARKS, CHARLES JR 5120 BANANA PT DR OKAHUMPKA FL 34762				10. Name and Address of New Registered Agent 81 Name H. Bennett Walling 82 Street Address (P.O. Box Number is Not Acceptable) 5135 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 H. Bennett Walling Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
1.1 TITLE DP <input checked="" type="checkbox"/> DELETE	
1.2 NAME MARKS, CHARLES R J	
1.3 STREET ADDRESS 5120 BANANA PT DR	
1.4 CITY-ST-ZIP OKAHUMPKA FL 34762	
2.1 TITLE DVT <input type="checkbox"/> DELETE	
2.2 NAME CARTER, CAROLINE	
2.3 STREET ADDRESS 35419 FOX RUN CIRCLE	
2.4 CITY-ST-ZIP EUSTIS FL	
3.1 TITLE DS <input checked="" type="checkbox"/> DELETE	
3.2 NAME CARLYLE, SHANNON MCLIN	
3.3 STREET ADDRESS 709 MOUND AVE	
3.4 CITY-ST-ZIP LEESBURG FL 34748	
4.1 TITLE <input type="checkbox"/> DELETE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME H. Bennett Walling	
1.3 STREET ADDRESS 5135 Banana Pt. Dr.	
1.4 CITY-ST-ZIP OKAHUMPKA, FL. 34762	
2.1 TITLE Cathy Roy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME Cathy Roy	
3.3 STREET ADDRESS 5101 Banana Pt. Dr.	
3.4 CITY-ST-ZIP OKAHUMPKA, FL. 34762	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: **Caroline B. Carter** **Caroline B. Carter** 6/30/99 787-5224 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #