

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # N95000002535****1. Entity Name**
BANANA POINT HOMEOWNERS ASSOCIATION, INC.**Principal Place of Business**
MCLIN, BURNSED, ET AL
1100 MAIN STREET, STE. 211
THE VILLAGES FL 32159 US**Mailing Address**
MCLIN, BURNSED, ET AL
P.O. BOX 1299
LADY LAKE FL 321581299**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3318647**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**ROY STEVEN M
1100 MAIN STREET
SUITE 211
THE VILLAGES FL 32159 US**Name**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code****8. 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** **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS <input type="checkbox"/> Delete		TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROY CATHY		NAME	SAFFORD JAMES T	
STREET ADDRESS	5101 BANANA PT DR		STREET ADDRESS	5215 BANANA POINT DRIVE	
CITY-ST-ZIP	OKAHUMPKA FL 34762		CITY-ST-ZIP	OKAHUMPKA FL 34762	
TITLE	DVT <input type="checkbox"/> Delete		TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTER CAROLINE		NAME	MATHIAS MINDY	
STREET ADDRESS	5100 BANANA PT DR		STREET ADDRESS	5117 BANANA POINT DRIVE	
CITY-ST-ZIP	OKAHUMPKA FL 34762		CITY-ST-ZIP	OKAHUMPKA FL 34762	
TITLE	DP <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLING H. BENNETT		NAME	CARTER CROLINE	
STREET ADDRESS	5135 BANANA PT DR		STREET ADDRESS	5100 BANANA POINT DRIVE	
CITY-ST-ZIP	OKAHUMPKA FL 34762		CITY-ST-ZIP	OKAHUMPKA FL 34762	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: CAROLINE CARTER DP 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)