

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002535

FILED
Apr 13, 2002 8:00 AM
Secretary of State

Entity Name: BANANA POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MCLIN, BURNESED, ET AL
1100 MAIN STREET, STE. 211
THE VILLAGES, FL 32159 US

New Principal Place of Business:

MCLIN & BURNESED P.A.
976 DEL MAR DRIVE
THE VILLAGES, FL 32159 US

Current Mailing Address:

MCLIN, BURNESED, ET AL
P.O. BOX 1299
LADY LAKE, FL 321581299

New Mailing Address:

MCLIN & BURNESED 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:

ROY, STEVEN M
1100 MAIN STREET
SUITE 211
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

ROY, STEVEN M
976 DEL MAR DRIVE
THE VILLAGES, FL 32159 US

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:

04/13/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARTER, CROLINE
Address: 5100 BANANA POINT DRIVE
City-St-Zip: OKAHUMPKA, FL 34762

Title: DVT () Delete
Name: MATHIAS, MINDY
Address: 5117 BANANA POINT DRIVE
City-St-Zip: OKAHUMPKA, FL 34762

Title: DS () Delete
Name: SAFFORD, JAMES T
Address: 5215 BANANA POINT DRIVE
City-St-Zip: OKAHUMPKA, FL 34762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PALMER, KAY
Address: 306 RIDGEWOOD DRIVE
City-St-Zip: FRUITLAND PARK, FL 34731 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SAFFORD, CATHY
Address: 5215 BANANA POINT DRIVE
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 Section 119.07(3)(i), 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: KAY PALMER

DP

04/13/2002

Electronic Signature of Signing Officer or Director

Date