

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-04-2005 90128 021 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/

66021239



DOCUMENT # N04000006215			
1. Entity Name THE FAIRWAY VILLAS III AT BANYAN TRACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4005 PALM TREE BLVD CAPE CORAL, FL 33904		Mailing Address 4005 PALM TREE BLVD CAPE CORAL, FL 33904	
2. Principal Place of Business 9411 Cypress lake Dr Suite, Apt. #, etc. Suite 2		3. Mailing Address 9411 Cypress Lake Dr Suite, Apt. #, etc. Suite 2	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33919	Country US	Zip 33919	Country US
4. FEI Number 20-1366797		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLUHARTY, GARY A 4005 PALM TREE BLVD CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Bryan Cruz Street Address (P.O. Box Number is Not Acceptable) 9411 Cypress Lake Dr Suite 2 City Fort Myers, FL Zip Code 33919	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLUHARTY, GARY A 4005 PALM TREE BLVD CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joe Prospero 4013 Palm Tree Blvd. #402 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RONALD L 4005 PALM TREE BLVD CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD George Stillwell 4013 Palm Tree Bkvd. #103 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ANDREA, ROBERT 4005 PALM TREE BLVD CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Steve Smith 4013 Palm Tree Blvd. #208 Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:		Date 4/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	