2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005003

FILED Apr 14, 2009 Secretary of State

Entity Name: THE CLUBHOUSE VILLAS AT BANYAN TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9411 CYPRESS LAKE DRIVE - SUITE 2 FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

9411 CYPRESS LAKE DRIVE - SUITE 2 FORT MYERS, FL 33919

FEI Number: 03-0476350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHOO, PATRICIA 9411, CYPRESS LAKE DRIVE #2 C/O SCHOO MANAGEMENT FORT MYERS, FL 33919 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

Electronic eignature of regio

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FLUHARTY, GARY A SULTAN, SETH Name: Name: 4005 PALM TREE BLVD #101 Address: 4005 PALM TREE BLVD #403 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: (X) Change () Addition SULTAN, SETH Name: MURPHY, JANET Name:

 Address:
 4005 PALM TREE BLVD.
 Address:
 4005 PALM TREE BLVD. #208

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: ST () Delete Title: () Change () Addition

 Name:
 PAYNE, ROY
 Name:

 Address:
 4005 PALM TREE BLVD.
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 MURPHY, JANET
 Name:

 Address:
 4005 PALM TREE BLVD. #208
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 CALDWELL, CHARLENE
 Name:

 Address:
 4005 PALM TREE BLVD. #204
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA SCHOO CAM 04/14/2009