

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005004	
1. Entity Name BANYAN TRACE MASTER ASSOCIATION, INC.	



FILED

08 NOV 17 PM 1:17

SECRETARY OF STATE
2001378992
11/17/08--01049--006 **236.25



Principal Place of Business 9411 CYPRESS LAKE DR STE # 2 FORT MYERS, FL 33919	Mailing Address 9411 CYPRESS LAKE DR STE # 2 FORT MYERS, FL 33919
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2. Principal Place of Business - No P.O. Box # 143600 S. Tamiami Trl. Suite, Apt. #, etc. Unit B City & State Fort Myers, FL Zip 33912	3. Mailing Address 143600 S. Tamiami Trl. Suite, Apt. #, etc. Unit B City & State Fort Myers, FL Zip 33912
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11032008 REIN-NP CR2E099 (1/07)

4. FEI Number 03-0476328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRUZ, BRYAN 9411 CYPRESS LAKE DR SUITE # 2 FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name: Paul Sapp Street Address (P.O. Box Number Is Not Acceptable) 143600 S. Tamiami Trl. # B City: Fort Myers FL Zip Code: 33912
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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: Paul Sapp (NOTE: Registered Agent signature required when reinstating) DATE: 11-12-08

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RONALD L 4005 PALM TREE BLVD. CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANET MURPHY 4005 PALM TREE BLVD, #208 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	VP Sherwood Hutcherson 4011 PALM TREE BLVD, #101 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	S George Borack 4005 Palm Tree Blvd # 403 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	T VIRGIL SACOTCH 4009 Palm Tree Blvd #102 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	B GARY FLUERTY 4005 Palm Tree Blvd #101 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	D. Seth JAY SULTAP 3886 Merrick Rd Seaford, NY 11783 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paul Sapp DATE: 11-12-08 239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 481-1502