

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005004

FILED
Mar 04, 2009
Secretary of State

Entity Name: BANYAN TRACE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

14360 S. TAMiami TrL.
UNIT B
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14360 S. TAMiami TrL.
UNIT B
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 03-0476328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, PAUL
14360 S. TAMiami TrL.
UNIT B
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURPHY, JANET
Address: 4005 PALM TREE BLVD #208
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: HUTCHERSON, SHERWOOD
Address: 4011 PALM TREE BLVD #101
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: BORACK, GEORGE
Address: 4043 PALM TREE BLVD #403
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: SOCOTCH, VIRGIL
Address: 4009 PALM TREE BLVD #102
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: FLUHARTY, GARY
Address: 4005 PALM TREE BLVD #101
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SULTAN, SETH JAY
Address: 3886 MERRICK RD
City-St-Zip: SEAFORD, NY 11783

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: PAUL SAPP

CFPM

03/04/2009

Electronic Signature of Signing Officer or Director

Date