

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002419

FILED  
Mar 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 74-3085045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: FLYNN, LEO J  
Address: 4009 PALM TREE BLVD #406  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD ( ) Delete  
Name: LONGENBARGER, JAMES  
Address: 4009 PALM TREE BLVD #403  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: MURPHY, MILDRED  
Address: 4009 PALM TREE BLVD #105  
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Delete  
Name: CERVI, RICHARD  
Address: 4009 PALM TREE BLVD #203  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: SOCOTCH, VIRGIL  
Address: 4009 PALM TREE BLVD #102  
City-St-Zip: FORT MYERS, FL 33908

**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:

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: LEO J FLYNN

PD

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date