

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2004 8:00 am
Secretary of State

6/30/

06-30-2004 90003 006 ****61.25

DOCUMENT # N03000007774
 1. Entity Name
THE CLUBHOUSE VILLAS II AT BANYAN TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
4005 PALM TREE BLVD **4005 PALM TREE BLVD**
CAPE CORAL FL 33904 **CAPE CORAL FL 33904**

00460100



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
9411 Cypress Lake Dr **9411 Cypress Lake Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite #2 **Suite #2**

City & State City & State
Fort Myers, FL **Fort Myers, FL**
 Zip Country Zip Country
33919 **33919**

4. FEI Number Applied For
74-3085046 Not Applicable
 5. Certificate of Status Desired **\$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** State **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 **Bryan Cruz** DATE **3-5-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLUHARTY, GARY A 4005 PALM TREE BLVD CAPE CORAL FL 33904 <input type="checkbox"/> Delete
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	D D'ANDREA, ROBERT 4005 PALM TREE BLVD CAPE CORAL FL 33904 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gary Fluharty - Director at Large 4005 Palm Tree Blvd # 102 Cape Coral, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Verena Schneider-Christians 4007 Palm Tree Blvd #303 Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judy Cotter - Vice President 4007 Palm Tree Blvd #202 Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary/Treasurer Elizabeth Keeler 4007 Palm Tree Blvd #103 Cape Coral, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Mill - Director at Large 4007 Palm Tree Blvd # 307 Cape Coral, FL 33904
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)(i), 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 information.

SIGNATURE: DATE **4/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR