
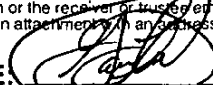


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90162 004 ****61.25

DOCUMENT # N03000007774					
1. Entity Name THE CLUBHOUSE VILLAS II AT BANYAN TRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9411 CYPRESS LAKE DRIVE - SUITE #2 FORT MYERS, FL 33919			Mailing Address 9411 CYPRESS LAKE DRIVE - SUITE #2 FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 74-3085046	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUZ, BRYAN 9411 CYPRESS LAKE DRIVE - SUITE #2 FORT MYERS, FL 33919			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 4, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUHARTY, GARY A		NAME	Gary Fluharty	
STREET ADDRESS	4005 PALM TREE BLVD		STREET ADDRESS	4005 Palm Tree Blvd #101	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, VERENA		NAME	Judy Cotter	
STREET ADDRESS	4005 PALM TREE BLVD		STREET ADDRESS	4007 Palm Tree Blvd #202	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTER, JUDY		NAME		
STREET ADDRESS	4005 PALM TREE BLVD		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELER, ELIZABETH		NAME	Elizabeth Keeler	
STREET ADDRESS	4007 PALM TREE BLVD		STREET ADDRESS	4007 Palm Tree Blvd. #103	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILL, ROBERT		NAME	Robert Mill	
STREET ADDRESS	4007 PALM TREE BLVD		STREET ADDRESS	4007 Palm Tree Blvd. #307	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 to any address, with all other like empowered.					
SIGNATURE 			DATE _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					