

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90007 002 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
74-3085046

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **FLUHARTY, GARY**
 STREET ADDRESS **4005 PALM TREE BLVD #101**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **V** Change Addition
 NAME **Fluharty, Gary**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **COTTER, JUDY**
 STREET ADDRESS **4007 PALM TREE BLVD #202**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **P** Change Addition
 NAME **Renshaw Robert**
 STREET ADDRESS **4007 Palm Tree Blvd. #201**
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **VP** Delete
 NAME **COTTER, JUDY**
 STREET ADDRESS **4005 PALM TREE BLVD**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **D** Change Addition
 NAME **Pieroa, John**
 STREET ADDRESS **4007 Palm Tree Blvd. #407**
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **ST** Delete
 NAME **KEELER, ELIZABETH**
 STREET ADDRESS **4007 PALM TREE BLVD #103**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MILL, ROBERT**
 STREET ADDRESS **4007 PALM TREE BLVD #307**
 CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 with an address, with all other like empowered.

SIGNATURE: Robert Mill **Robert Mill** 4/30/07 (239) 481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #