


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90123 020 ****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 #
P & M Property Management 14360 S. Tamiami Trail, Unit B Fort Myers, FL 33912

3. Mailing Address
P & M Property Management 14360 S. Tamiami Trail, Unit B Fort Myers, FL 33912

4. FEI Number
74-3085046 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

07152008 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent
CRUZ, BRYAN 9411 CYPRESS LAKE DRIVE - SUITE #2 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
 Name **Paul Sapp**
 Street Address (P.O. Box Number is Not Acceptable)
14360 S. TAMIAMITR #B
 City **FORT MYERS** FL Zip Code **33912**

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 *Paul Sapp*
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 September 12, 2008

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | FLAHARTY, GARY | |
| STREET ADDRESS | 4005 PALM TREE BLVD #101 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | RENSHAW, ROBERT | |
| STREET ADDRESS | 4007 PALM TREE BLVD, #201 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PIEROG, JOHN | |
| STREET ADDRESS | 4007 PALM TREE BLVD, #407 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33906 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | KEELER, ELIZABETH | |
| STREET ADDRESS | 4007 PALM TREE BLVD #103 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MILL, ROBERT | |
| STREET ADDRESS | 4007 PALM TREE BLVD #307 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | | <input checked="" type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michael Wells | |
| STREET ADDRESS | 4007 Palm Tree Blvd #206 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Brendan Heintz | |
| STREET ADDRESS | 4007 Palm Tree Blvd #303 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Judith Cotter | |
| STREET ADDRESS | 4007 Palm Tree Blvd #202 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Judith Cotter* **JUDITH COTTER** 7-21-08 239/945-0409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #