

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 04, 2009
Secretary of State**

DOCUMENT# N03000007774

Entity Name: THE CLUBHOUSE VILLAS II AT BANYAN TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P & M PROPERTY MANAGEMENT
14360 S. TAMIAMI TRAIL, UNIT B
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P & M PROPERTY MANAGEMENT
14360 S. TAMIAMI TRAIL, UNIT B
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 74-3085046 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAPP, PAUL
14360 S. TAMIAMI TR # B
FORT MYERS, FL 33912 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: P () Delete
Name: WELLS, MICHAEL
Address: 4007 PALM TREE BLVD # 206
City-St-Zip: CAPE CORAL, FL 33904

Title: T () Delete
Name: HEINTZ, BRENDAN
Address: 4007 PALM TREE BLVD # 303
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: COTTER, JUDITH
Address: 4007 PALM TREE BLVD # 202
City-St-Zip: CAPE CORAL, FL 33904

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:

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: PAUL SAPP

Electronic Signature of Signing Officer or Director

CFPM

03/04/2009

Date