

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000014

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

2180 WEST ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST ST RD. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 76-0748218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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/D () Delete
Name: FRISBY, LOIS
Address: 4011 PALM TREE BLVD. #304
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: HUTCHERSON, SHERWOOD
Address: 4011 PALM TREE BLVD #101
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: DOROTHY, HELEN
Address: 4930 TRITON COURT W
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRISBY, LOIS
Address: 4011 PALM TREE BLVD #304
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD (X) Change () Addition
Name: HUTCHERSON, SHERWOOD
Address: 4011 PALM TREE BLVD #101
City-St-Zip: CAPE CORAL, FL 33904

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: LOIS FRISBY

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date