2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000003251

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

Current Principal Place of Business:

9411 CYPRESS LAKE DR
SUITE 2
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9411 CYPRESS LAKE DR
SUITE 2
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-3066203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOO, PATRICIA
C/O SCHOO MANAGEMENT
SUITE 2
FORT MYERS, FL 33919 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: LINTNER, DONNA
Address: 4015 PALM TREE BLVD. #101
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete
Name: LAMBERT, ALAIN
Address: 4015 PALM TREE BLVD. #407
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: SULTAN, SETH
Address: 4015 PALM TREE BLVD #403
City-St-Zip: CAPE CORAL, FL 33904

Title: T (X) Delete
Name: CEGELSKI, ROBERT
Address: 4015 PALM TREE BLVD #102
City-St-Zip: CAPE CORAL, FL 33904

Title: VP (X) Delete
Name: MORELLI, ANTHONY
Address: 4015 PALM TREE BLVD #402
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SULTAN, SETH
Address: 4015 PALM TREE BLVD. #403
City-St-Zip: CAPE CORAL, FL 33904

Title: S/T (X) Change ( ) Addition
Name: MORELLI, TONY
Address: 4015 PALM TREE BLVD #402
City-St-Zip: CAPE CORAL, FL 33904

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: PATRICIA SCHOO CAM 04/14/2009

Electronic Signature of Signing Officer or Director — Date