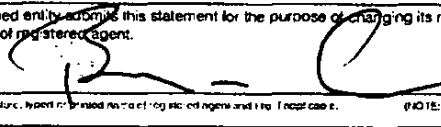
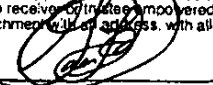


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
ST. Jun 13, 2006 8:00 am
Secretary of State

05-02-2006 90162 005 ****61.25

DOCUMENT # N05000000537			
1. Entity Name THE CLUBHOUSE VILLAS III AT BANYAN TRACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4005 PALM TREE BOULEVARD CAPE CORAL, FL 33904		Mailing Address 4005 PALM TREE BOULEVARD CAPE CORAL, FL 33904	
2. Principal Place of Business 9411 Cypress Lake Drive		3. Mailing Address 9411 Cypress Lake Drive	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33919	Country USA	Zip 33919	Country USA
4. FEI Number 20-2367854		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLUHARTY, GARY A 4005 PALM TREE BOULEVARD CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Bryan Cruz c/o Schoo Management, Inc Street Address (P.O. Box Number is Not Acceptable) 9411-2 Cypress Lake Drive City Fort Myers FL Zip Code 33919	
8. The above named entity adopts 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  (NOTE: Registered Agent Signature required when terminating)			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY- ST- ZIP	D FLUHARTY, GARY A 4005 PALM TREE BOULEVARD CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Gary Fluharty 4005 Palm Tree Blvd #101 Cape Coral, FL 33904 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DAVIS, RONALD L 4005 PALM TREE BOULEVARD CAPE CORAL, FL 33904 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Owen Medlock 4017 Palm Tree Blvd #302 Cape Coral, FL 33904 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D D'ANDREA, ROBERT 4005 PALM TREE BOULEVARD CAPE CORAL, FL 33904 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD Alan Haddaway 4017 Palm Tree Blvd #304 Cape Coral, FL 33904 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 supplementary 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: DAY: MONTH: YEAR:			

bbu10100



03142006 Chg-NP CR2E037 (11/05)