


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

09-03-2008 90005 001 \*\*\*\*61.25

<b>DOCUMENT # N05000000537</b> 1. Entity Name <b>THE CLUBHOUSE VILLAS III AT BANYAN TRACE CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919</b>	Mailing Address <b>9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919</b>	
2. Principal Place of Business - No P.O. Box #  <b>P &amp; M Property Management 14360 S. Tamiami Trail, Unit B Fort Myers, FL 33912</b>	3. Mailing Address  <b>P &amp; M Property Management 14360 S. Tamiami Trail, Unit B Fort Myers, FL 33912</b>	
4. FEI Number <b>20-2367854</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>BRYAN CRUZ C/O SCHOO MANAGEMENT, INC. 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name <u><b>PAUL SAPP</b></u> Street Address (P.O. Box Number is Not Acceptable) <u><b>14360 S. Tamiami TR #B</b></u> City <u><b>Fort Myers FL</b></u> Zip Code <u><b>33912</b></u>
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 <u><i>Paul Sapp</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE <b>V</b> NAME <b>FLUHARTY, GARY</b> STREET ADDRESS <b>4005 PALM TREE BLVD SUITE 101</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete	TITLE <u><b>ST</b></u> NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <b>D</b> NAME <b>MEDLOCK, OWEN</b> STREET ADDRESS <b>4017 PALM TREE BLVD SUITE 302</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b> NAME <b>HADDAWAY, ALAN</b> STREET ADDRESS <b>4017 PALM TREE BLVD SUITE 304</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>DAVIS, CHARLES</b> STREET ADDRESS <b>4017 PALMTREE BLVD #406</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>SHULTZ, DIANE</b> STREET ADDRESS <b>4017 PALM TREE BLVD #104</b> CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.		
<b>SIGNATURE:</b> <u><i>[Signature]</i></u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____		

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