

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000014

Entity Name: THE FAIRWAY VILLAS II AT BANYAN TRACE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 24, 2024
Secretary of State
2160252255CC**Current Principal Place of Business:**C/O AMERICAN CONDO MANAGEMENT
4223 DEL PRADO BLVD. S
CAPE CORAL, FL 33904**Current Mailing Address:**C/O AMERICAN CONDO MANAGEMENT
P.O. BOX 100399
CAPE CORAL, FL 33910 US**FEI Number: 76-0748218****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KASE, SUSAN
C/O AMERICAN CONDO MANAGEMENT
P.O. BOX 100399
CAPE CORAL, FL 33910 US*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: SUSAN KASE****04/24/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WESTLAKE, CRAIG
Address	C/O AMERICAN CONDO MANAGEMENT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	VP
Name	DAVIS, THOMAS
Address	C/O AMERICAN CONDO MANAGEMENT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	TREASURER
Name	PLAVESKY, VINCENT
Address	C/O AMERICAN CONDO MANAGEMENT P.O. BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	SECRETARY
Name	MAURER, SUSAN
Address	PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

Title	DIRECTOR
Name	SAULSBURY, LONNIE
Address	PO BOX 100399
City-State-Zip:	CAPE CORAL FL 33910

I hereby 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 all other like empowered.

SIGNATURE: CRAIG WESTLAKE**PRESIDENT****04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date