

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N24129** (1)

1. Corporation Name  
**GOLFERS VIEW II CONDOMINIUM ASSOCIATION, INC. OF CHARLOTTE COUNTY**



Principal Place of Business: **4055 TAMiami TRAIL SUITE 13/14 PORT CHARLOTTE FL 33952**  
Mailing Address: **4055 TAMiami TRAIL SUITE 13/14 PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified: **12/29/1987**      3a. Date of Last Report: **01/25/1995**  
4. FEI Number: **65-0108793**      Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Sub, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a Mailing Address: 26 Sub, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

**CASWELL, VERN  
4055 TAMiami TRAIL  
SUITE 14  
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Vern Caswell*

18 Jan 96

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	SAVERBRY, LOIS	
12.3 STREET ADDRESS	1211 SAXONY CIR., #B3	
12.4 CITY - ST - ZIP	PT. CHARLOTTE FL 33983	
12.5 TITLE	SD	<input type="checkbox"/> DELETE
12.6 NAME	WHITE, GARY	
12.7 STREET ADDRESS	62 SANDRA ST.	
12.8 CITY - ST - ZIP	BRANTFORD, ONTARIO	
12.9 TITLE	TD	<input type="checkbox"/> DELETE
12.10 NAME	GLADISH, LOWELL	
12.11 STREET ADDRESS	15 N. EDWARD ST.	
12.12 CITY - ST - ZIP	WORTHINGTON IN 47471	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST - ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY - ST - ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lois Saverbry* *Lois Saverbry* 1-23-96

CR2E037 (12/95)