

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Zip	30 Country

3. Date Incorporated or Qualified 12/29/1987	
4. FEI Number 65-0108793	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 RICHARD W. LENZNER
82 Street Address (P.O. Box Number is Not Acceptable) 4055 TAMiami TRAIL
83 City PORT CHARLOTTE, FL 33952
84 State FL
85 Zip Code 33952

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: *Richard W. Lenzner* **RICHARD W. LENZNER** **4/24/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME SAVERBRY, LOIS	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1211 SAXONY CIR., #B3	CITY-ST-ZIP PT. CHARLOTTE FL 33983	
TITLE SD	NAME GUERIN, FRANK	<input type="checkbox"/> DELETE
STREET ADDRESS 11300 HUBBARD RD.	CITY-ST-ZIP LIVONIA MI	
TITLE TD	NAME GLADISH, LOWELL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 15 N. EDWARD ST.	CITY-ST-ZIP WORTHINGTON IN 47471	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SAUERBRY LOIS	
1.3 STREET ADDRESS 1211 SAXONY CIR. #B3	
1.4 CITY-ST-ZIP PT CHARLOTTE FL 33983	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME GLADISH LOWELL	
3.3 STREET ADDRESS 15 N. EDWARD ST	
3.4 CITY-ST-ZIP WORTHINGTON IN. 47471	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard W. Lenzner* **RICHARD W. LENZNER** **4/24/98** **941-627-9626**

CR2E037 (10/97)