

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90024 043 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N24129

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



2. Principal Place of Business

26 4456 TAMiami TRAIL
 Suite, Apt. #, etc.
 27
 City & State
 28 PORT CHARLOTTE, FL.
 Zip Country
 29 33980 30 USA

2a. Mailing Address

26 4456 TAMiami TRAIL
 Suite, Apt. #, etc.
 27
 City & State
 28 PORT CHARLOTTE, FL.
 Zip Country
 29 33980 30 USA

3. Date Incorporated or Qualified

12/29/1987

4. FEI Number

65-0108793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LENZNER, RICHARD W
 4055 TAMiami TRAIL
 PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name
 LENZNER, RICHARD W.
 82 Street Address (P.O. Box Number is Not Acceptable)
 4456-TAMiami TRAIL
 83
 84 City
 PORT CHARLOTTE FL 85 Zip Code
 33980

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

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	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
TD	LOIS	1211 SAXONY CIRCLE B#3	PT CHARLOTTE FL 33983	<input type="checkbox"/>
SD	GUERIN, FRANK	11300 HUBBARD RD.	LIVONIA MI	<input type="checkbox"/>
PD	LOWELL, GLADIS	15 N EDWARD STREET	WORTHINGTON IN 47471	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE *Richard W. Lenzner* SIGNATURE *RICHARD W. LENZNER* 1-11-99 941-627-9626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 107 1999