

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004415

FILED
Mar 06, 2009
Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF GOLF VILLAS II, INC.

Current Principal Place of Business:

10039 PERFECT DR
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0744078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH L ESQ
759 S FEDERAL HWY, STE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRADY, TIMOTHY
Address: 5510 LUCORE ROAD
City-St-Zip: MARION, IA 52302

Title: SD () Delete
Name: GEIGER, STEPHEN
Address: 9815 PERFECT DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: WILLIAM, CROVA
Address: 37014 GRANT ROAD
City-St-Zip: ROMULUS, MI 48174

Title: VPD () Delete
Name: COLSON, MARVIN
Address: 9979 PERFECT DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD () Delete
Name: MORRIS, RAYMOND
Address: 5 ANDREA DR.
City-St-Zip: NEW PALTZ, NY 12561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: GRADY, TIMOTHY
Address: 5510 LUCORE ROAD
City-St-Zip: MARION, IA 52302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LUPINACCI, THOMAS
Address: 202 CHATEAU DRIVE
City-St-Zip: PEEKSKILL, NY 10566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAYMOND MORRIS

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date