

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24129

**Entity Name:** GOLFERS VIEW II CONDOMINIUM ASSOCIATION, INC. OF CHARLOTTE COUNTY

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC1595588860**

**Current Principal Place of Business:**

1211 SAXONY CIRCLE  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

22079 KIMBLE AVENUE  
PT CHARLOTTE, FL 33952 US

**FEI Number: 65-0108793**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BINDER, BRENDA  
22079 KIMBLE AVENUE  
PT CHARLOTTE, FL 33952 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title TD  
Name GLADISH, LOU  
Address 1211 SAXONY CIR B-4  
City-State-Zip: PORT CHARLOTTE FL 33980

Title PD  
Name GUERIN, FRANK  
Address 1211 SAXONY CIRCLE  
City-State-Zip: PORT CHARLOTTE FL 33980

Title SD  
Name BORDEAU, GREGORY  
Address 1211 SAXONY CIRCLE  
City-State-Zip: PUNTA GORDA FL 33950

*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: FRANK GUERIN

PRESIDENT

04/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date