

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24129

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

**FILED**  
**Apr 11, 2023**  
**Secretary of State**  
**9678007561CC**

**Current Principal Place of Business:**

1211 SAXONY CIRCLE  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

**FEI Number: 65-0108793**

**Certificate of Status Desired: No**

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

STAR HOSPITALITY MANAGEMENT  
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: SHERRY DANKO**

**04/11/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARSHALL, LISA  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title VP  
Name THOMSON, LESLEY  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title S  
Name MILLIGAN, SHERYL  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
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: SHERYL MILLIGAN**

**S**

**04/11/2023**

Electronic Signature of Signing Officer/Director Detail

Date