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		

#### SIGNATURE: SHERYL MILLIGAN

Electronic Signature of Signing Officer/Director Detail

### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N24129

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

#### **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

#### 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

City-State-Zip: PUNTA GORDA FL 33950

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

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

## Certificate of Status Desired: No

04/11/2023

Date

Date

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