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: RAYMOND MORRIS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N96000004415

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

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

10039 PERFECT DR PORT SAINT LUCIE, FL 34986

Current Mailing Address:

1111SE FEDERAL HWY SUITE 100 STUART, FL 34994

FEI Number: 65-0744078

Name and Address of Current Registered Agent:

ROSS, DEBORAH LESQ 789 S FEDERAL HWY, STE 101 STUART, FL 34994 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	SD	Title	TD	
Name	GEIGER, STEPHEN	Name	WILLIAM, CROVA	
Address	9815 PERFECT DR	Address	37014 GRANT ROAD	
City-State-Zip:	PORT SAINT LUCIE FL 34986	City-State-Zip:	ROMULUS MI 48174	
Title	VPD	Title	PD	
Title Name	VPD MANDATO, MIKE	Title Name	PD MORRIS, RAYMOND	
Name	MANDATO, MIKE	Name	MORRIS, RAYMOND 5 ANDREA DR.	

PRESIDENT

03/29/2013

Date

FILED Mar 29, 2013 Secretary of State CC2198236256

Date