

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004415

Entity Name: CONDOMINIUM ASSOCIATION OF GOLF VILLAS II, INC.**Current Principal Place of Business:**1111 SE FEDERAL HWY.
SUITE 100
STUART, FL 34994**Current Mailing Address:**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**FEI Number:** 65-0744078**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS, DEBORAH LESQ
789 S FEDERAL HWY, STE 101
STUART, FL 34994 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	SD
Name	ROGERS, ABBIE LEE
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	TD
Name	WILLIAM, CROVA
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	VPD
Name	MANDATO, MICHAEL
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	EVPD
Name	MORRIS, RAYMOND
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

Title	PD
Name	LUPINACCI, THOMAS
Address	1111 SE FEDERAL HWY. SUITE 100
City-State-Zip:	STUART FL 34994

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: THOMAS LUPINACCI

PRESIDENT

04/09/2018

Electronic Signature of Signing Officer/Director Detail_____
Date