

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **718983** (0)

1. Corporation Name

GOLFWOOD CONDOMINIUM NO. 2, INC.



Principal Place of Business

Mailing Address

259 E. JOEL BLVD.
LEHIGH ACRES FL 33936
US

259 E. JOEL BLVD
LEHIGH ACRES FL 33936
US

3. Date Incorporated or Qualified
10/10/1970

3a. Date of Last Report
04/17/1995

2. Principal Place of Business
21 **353 Richland Rd**

2a. Mailing Address
26 **P.O. Box 655**

4. FEI Number
59-1446734

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State
23 **Lehigh Acres, FL**

City & State
28 **Lehigh Acres, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip
24 **33936**

Country
25 **US**

Zip
29 **33970-0655**

Country
30 **US**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORANGE STATE
259 JOEL BLVD
LEHIGH ACRES FL 33936

81 Name **E-Z-E Enterprizes**

82 Street Address (P.O. Box Number is Not Acceptable)
353 Richland Rd

83

84 City **Lehigh Acres**

FL

85 Zip Code
33936

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Bob Brown* Owner, CAM FL #15976

2/29/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME DIXON, CHARLES
STREET ADDRESS 259 E. JOEL BLVD.
CITY-ST-ZIP LEHIGH ACRES FL

TITLE VPD ☒ DELETE
NAME JONES, PHIL
STREET ADDRESS 259 E. JOEL BLVD.
CITY-ST-ZIP LEHIGH ACRES FL

TITLE SD ☒ DELETE
NAME SIMPSON, VIOLA
STREET ADDRESS 259 E. JOEL BLVD.
CITY-ST-ZIP LEHIGH FL

TITLE T ☒ DELETE
NAME BROWN, ROBERT
STREET ADDRESS 259 E. JOEL BLVD.
CITY-ST-ZIP LEHIGH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition
1.2 NAME Snipes, Joe
1.3 STREET ADDRESS 353 Richland Rd
1.4 CITY-ST-ZIP Lehigh Acres, FL

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME Simpson, Viola
2.3 STREET ADDRESS 353 Richland Rd
2.4 CITY-ST-ZIP Lehigh Acres, FL

3.1 TITLE SD ☒ Change ☒ Addition
3.2 NAME Valenze, Orva
3.3 STREET ADDRESS 353 Richland Rd
3.4 CITY-ST-ZIP Lehigh Acres, FL

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Jones, Phil
4.3 STREET ADDRESS 353 Richland Rd
4.4 CITY-ST-ZIP Lehigh Acres, FL

5.1 TITLE **200001748632**
5.2 NAME **-03/19/96--01028--032**
5.3 STREET ADDRESS *****61.25**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Snipes President 2/29/96 941-369-5719

Date

Daytime Phone #

CR2E037 (12/95)