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FILED
May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718983** (0)

1. Corporation Name

GOLFWOOD CONDOMINIUM NO. 2, INC.



Principal Place of Business 353 RICHLAND RD LEHIGH ACRES FL 33972 US	Mailing Address PO BOX 655 LEHIGH ACRES FL 33970-0655 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1970	3a. Date of Last Report 03/18/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1446734	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
E-Z-E ENTERPRIZES 353 RICHLAND RD LEHIGH ACRES FL 33972		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	State

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 _____ DATE _____
Signature, typed or printed name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	353 RICHLAND RD	1.2 NAME	
STREET ADDRESS	LEHIGH ACRES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	353 RICHLAND RD	2.2 NAME	
STREET ADDRESS	LEHIGH ACRES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	353 RICHLAND RD	3.2 NAME	
STREET ADDRESS	LEHIGH ACRES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	353 RICHLAND RD	4.2 NAME	
STREET ADDRESS	LEHIGH ACRES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **15976 5/1/97 941-369-1448**
Date Daytime Phone # 0068073

CR2E037 (9/96)