


FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 718983</b> 1. Corporation Name  <b>GOLFWOOD CONDOMINIUM #2 INC.</b>					
Principal Place of Business			Mailing Address		

FILED  
98 JUN -9 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business 21 <b>361 Westpark Rd.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 655</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/10/1970</b>	
22 City & State <b>Lehigh Acres FL</b> Zip Country <b>33972 US</b>		27 City & State <b>Lehigh Acres FL</b> Zip Country <b>33970-0655 US</b>		4. FEI Number <b>59-1446734</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 <b>Lehigh Acres FL</b> Zip Country <b>33972 US</b>		28 <b>Lehigh Acres FL</b> Zip Country <b>33970-0655 US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>33972</b> 25 <b>US</b>		29 <b>33970-0655</b> 30 <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>E-Z-E ENTERPRIZES</b> <b>353 Richland Rd.</b> <b>Lehigh Acres FL 33972</b>				10. Name and Address of New Registered Agent 81 Name <b>Ralph E. Freathy</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>361 Westpark Rd.</b> 83 84 City <b>Lehigh Acres</b> FL 85 Zip Code <b>33972</b>			
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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 **Ralph E. Freathy** *Ralph E. Freathy* June 8, 1999  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carl W. French</b>	1.2 NAME	
STREET ADDRESS	<b>349 Richland Road</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lehigh Acres FL 33972</b>	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joe Snipes</b>	2.2 NAME	
STREET ADDRESS	<b>353 Richland Road</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lehigh Acres FL 33972</b>	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ralph Freathy</b>	3.2 NAME	
STREET ADDRESS	<b>361 Westpark Rd.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lehigh Acres FL 33972</b>	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dolores Dixon</b>	4.2 NAME	
STREET ADDRESS	<b>327 North Ave.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lehigh Acres FL 33972</b>	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Russell</b>	5.2 NAME	
STREET ADDRESS	<b>369 Westpark Rd.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Lehigh Acres FL 33972</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARL W. FRENCH, PRESIDENT** 6/8/99 941-369-3869

Date Daytime Phone #

CR2E037 (11/98)