2001 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2001 8:00 am **DOCUMENT # 718983 Secretary of State** 1. Entity Name 02-07-2001 90156 029 ****61.25 GOLFWOOD CONDOMINIUM NO. 2, INC. Principal Place of Business Mailing Address 361 WESTPARK RD. PO BOX 655 LEHIGH ACRES FL 33972 LEHIGH ACRES FL 33970-0655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1446734 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FREATHY, RALPH E 361 WESTPARK RD. **LEHIGH ACRES FL 33972** Zip Code City 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **VPD** TITLE ☐ Delete TITLE ☐ Change Addition SNIPES, JOE NAME NAME 353 RICHLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL TITI F Delete TITLE Change Addition FRENCH, CARL NAME NAME 349 RICHLAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEIGH ACRES FL 33972 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME RUSSELL, ROBERT NAME 369 WESTPARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREATHY, RALPH NAME NAME STREET ADDRESS 361 WESTPARK RD STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP XX Addition TITLE ☐ Delete TITLE ☐ Change NAME Edwin Kelley STREET ADDRESS STREET ADDRESS 311 Maycreast Rd. CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

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