

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90037 038 ****61.25

DOCUMENT # 718983

1. Entity Name

GOLFWOOD CONDOMINIUM NO. 2, INC.



Principal Place of Business

361 WESTPARK RD.
LEHIGH ACRES FL 33972
US

Mailing Address

PO BOX 655
LEHIGH ACRES FL 33970-0655
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1446734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREATHY, RALPH E
361 WESTPARK RD.
LEHIGH ACRES FL 33972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME SWITZER, GEORGE II
STREET ADDRESS 301 MAYCREST RD.
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE PD ☐ Delete
NAME FRENCH, CARL
STREET ADDRESS 349 RICHLAND RD
CITY-ST-ZIP LEIGH ACRES FL 33972

TITLE SD ☒ Delete
NAME HENRY, GLENROY
STREET ADDRESS 353 RICHLAND RD.
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE TD ☐ Delete
NAME FREATHY, RALPH
STREET ADDRESS 361 WESTPARK RD
CITY-ST-ZIP LEHIGH ACRES FL

TITLE D ☐ Delete
NAME KELLEY, EDWIN
STREET ADDRESS 311 MAYCREAST RD
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-04 239-369-8006