

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM
Secretary of State

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



01212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE SD
NAME MENDENHALL, ALICE
STREET ADDRESS 307 MAYCREST RD
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000600658
01/26/07-00019-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ralph Freathy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-07 239-369-8006