

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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**



01272008 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**

**DO NOT WRITE
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

RALPH FREATHY TREASURER *Ralph Freathy* **2-18-08**
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, 2008**

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

000000838740
03/05/08-80044-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 time empowered.

SIGNATURE:

Ralph Freathy Treasurer, **RALPH FREATHY** **2-18-08** **239 - 369-8006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #