

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718983

FILED  
Jan 21, 2010  
Secretary of State

**Entity Name:** GOLFWOOD CONDOMINIUM NO. 2, INC.

**Current Principal Place of Business:**

361 WESTPARK RD.  
LEHIGH ACRES, FL 33972 US

**New Principal Place of Business:**

361 WESTPARK RD.  
LEHIGH ACRES, FL 33936 US

**Current Mailing Address:**

PO BOX 655  
LEHIGH ACRES, FL 339700655 US

**New Mailing Address:**

**FEI Number:** 59-1446734      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

FREATHY, RALPH E  
361 WESTPARK RD.  
LEHIGH ACRES, FL 33936 US

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:

01/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: BABCOCK, CHARLES  
Address: 319 MAYCREST RD.  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: PD  
Name: FRENCH, CARL  
Address: 349 RICHLAND RD  
City-St-Zip: LEIGH ACRES, FL 33936

Title: TD  
Name: FREATHY, RALPH  
Address: 361 WESTPARK RD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D  
Name: KELLEY, EDWIN  
Address: 311 MAYCREAST RD  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SD  
Name: PFAFF, CAROL  
Address: 357 WESTPARK RD.  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH E. FREATHY

TREA

01/21/2010

Electronic Signature of Signing Officer or Director

Date