


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 744015 1. Entity Name THE 19TH HOLE PHASE TWO CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business P O BOX 360287 MELOURNE, FL 32936	Mailing Address P O BOX 360287 MELOURNE, FL 32936
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01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1980902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIPARI, DOMINICK
3101-H SAND TRAP LANE
MELBOURNE, FL 32935**

**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:  Dominick Lipari 3-12-07
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LIPARI, DOMINICK 3101-H SAND TRAP LANE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STANEK, DOROTHY 3101-D SANDTRAP LANE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNSMEYER, SYLVIA 2901-G SANDTRAP LANE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, JOHN 2901-B SANDTRAP MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLMACHER, RHONDA 2901-C SANDTRAP MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIEGEL, NANCY 2901-C SAND TRAP LANE MELBOURNE, FL 32935

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03/23/07-80071-020 61.25

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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 like empowered.

SIGNATURE:  Dominick Lipari 3-12-07 321-253-2732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #