

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744015

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** THE 19TH HOLE PHASE TWO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2801 SANDTRAP LANE  
1-B  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

8660 ASTRONAUT BLVD  
208  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 59-1980902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELDORFF, INC DBA SHOWCASE PROPERTIES & IN  
8660 ASTRONAUT BLVD  
208  
CAPE CANAVERAL, FL 32920 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, BYRON  
Address: 2801 G SANDTRAP LN  
City-St-Zip: MELBOURNE, FL 32935

Title: ST  
Name: BREWER, DONNA  
Address: 3030 NOVA SCOTIA LANE  
City-St-Zip: MELBOURNE, FL 32935

Title: D  
Name: ARNOLD, JOHN  
Address: 420 CATAMARAN #99  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP  
Name: SAUNDERS, SCOTT  
Address: 160 AFORIA LANE  
City-St-Zip: INDIALANTIC, FL 32903

Title: D  
Name: SPIEGEL, RICHARD  
Address: 2901 C SANDTRAP LN  
City-St-Zip: MELBOURNE, FL 32935

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: KAREN GUNN-BARDOT

MGR

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date