2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 8:00 am DOCUMENT # 749769. . .: **Secretary of State** 1. Entity Name 02-09-2004 90027 049 ****61.25 GOLF VIEW MANOR II CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 5667 RATTLESNAKE HAMMOCK RD 5667 RATTLESNAKE HAMMOCK RD NAPLES FL 34113 , NAPLES FL 34113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2038189 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD HI JONES RANDOLPH, TAD H Street Address (P.O. Box Number is Not Acceptable) 5651 RATTLESNAKE HAMMOCK RD #203C NAPLES FL 34113 667 RATTLESWAKE HAMMORK 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE PRESIDENT Delete RICHARTA. SONKS RANDOLPH, TAD H NAME NAME NAPLES, FL. 34113 5667 RATTELSNAKE HMK RD STREET ADDRESS STREET ADDRESS NAPLES FL 34113 CITY-ST-ZIP CITY-ST-ZIP PD ICE PRESITENT TITLE Delete TITLE FAY, ARTHUR NAME NAME RESNAKE HMK RD 5651 RATTLESNAKE HAMMOCK RD #204C STREET ADDRESS STREET ADDRESS NAPLES FL 34113 FLOEDA 34113 CITY-ST-ZIP CITY-ST-ZIP DT MARY POSTON SECRETARY IX Change | Addition 5683 RATTIRSNANE NAME NAMED TO TITLE **Delete** TITLE DUESSELMANN, GAIL----NAME NAMĖ 5667 RATTLESNAKE HAMMOCK RD STREET ADDRESS STREET ADDRESS NAPLES FL 34113 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED