## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 23, 2006 8:00 am **Secretary of State DOCUMENT # 749769** 1. Entity Name 03-23-2006 90025 038 \*\*\*\*61.25 GOLF VIEW MANOR II CONDOMINIUM ASSOCIATION, INC. 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 5667 Rattlesnahe Hammock Ko Same Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 203 B City & State City & State 4. FEI Number Applied For 59-2038189 Not Applicable Vaples Zip Country \$8.75 Additional 5. Certificate of Status Desired ollier Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 5667 RATTLESNAKE HAMMOCK RD. NAPLES FL 34113 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 13 J Due By May 1, 2006 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Defete Ed Jennings Noo Worthington Street JONES, RICHARD A NAME NAME 5667 RATTELSNAKE HMK RD 203 3 STREET ADDRESS STREET ADDRESS Marco Island FL 34145 NAPLES FL 34113 CITY-ST-ZIP CITY-ST-ZIP VΡ Delete TX Change Kevin Gorsek. KRESS, KEN NAME 5667 Ratlesnake Hammock Road 307 B 5651 RATTLESNAKE HAMMOCK RD #204C STREET ADDRESS STREET ADDRESS NAPLES FL 34113 CITY-ST-7IP CITY-ST-ZIP Naples FL 34113 TITLE TITLE Delete POSTON, MARY NAME NAME STREET ADDRESS 5683 RATTLESNAKE HAMMOCK RD 2054 STREET ADDRESS NAPLES FL 34113 CITY-ST-ZIP FITLE ☐ Delete TITLE Change Addition BROCCOLO, JOHN STREET ADDRESS 5683 RATTLESNAKE HAMMOCK RD 301 D STREET ADDRESS CITY-ST-ZIP NAPLES FL 34113 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition 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

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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:

2/16/06 (239) 774 - 4977

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information