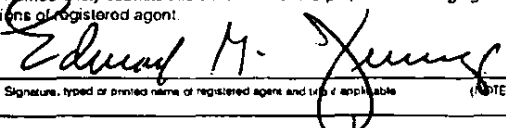
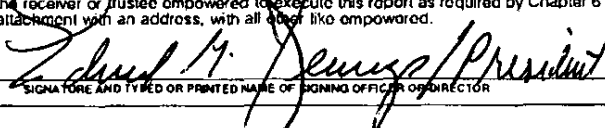


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90168 045 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                                                                                                                                                                                |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>DOCUMENT # 749769</b><br>1. Entity Name<br><b>GOLF VIEW MANOR II CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                                                                                                               |                                                                      |
| Principal Place of Business<br><b>5667 RATTLESNAKE HAMMOCK RD<br/>203B<br/>NAPLES FL 34113<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | Mailing Address<br><b>5667 RATTLESNAKE HAMMOCK RD<br/>203B<br/>NAPLES FL 34113<br/>US</b>                                                                                                                                      |                                                                      |
| 2. Principal Place of Business - No P.O. Box #<br><b>5667 RATTLESNAKE HAMMOCK RD</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    | 3. Mailing Address<br><b>400 WORTHINGTON ST.</b><br>Suite, Apt. #, etc.                                                                                                                                                        |                                                                      |
| City & State<br><b>NAPLES, FL</b><br>Zip<br><b>34113</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    | City & State<br><b>MARCO ISLAND, FL</b><br>Zip<br><b>34145</b>                                                                                                                                                                 |                                                                      |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | Country<br><b>COLLIER</b>                                                                                                                                                                                                      |                                                                      |
| 4. FEI Number<br><b>59-2038189</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                         |                                                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | \$8.75 Additional Fee Required                                                                                                                                                                                                 |                                                                      |
| 6. Name and Address of Current Registered Agent<br><b>JONES, RICHARD A<br/>5667 RATTLESNAKE HAMMOCK RD.<br/>203B<br/>NAPLES FL 34113</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    | 7. Name and Address of New Registered Agent<br>Name<br><b>EDWARD G. JENNINGS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>400 WORTHINGTON ST</b><br>City<br><b>MARCO ISLAND</b> FL Zip Code<br><b>34145</b> |                                                                      |
| 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<br><br>Signature, typed or printed name of registered agent and title if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | DATE<br><b>2/21/07</b><br>(NOTE: Registered Agent signature required when registering)                                                                                                                                         |                                                                      |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                   |                                                                      |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                                                                                                |                                                                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                          |                                                                      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P <input type="checkbox"/> Delete  | TITLE                                                                                                                                                                                                                          | P <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JONES, RICHARD A                   | NAME                                                                                                                                                                                                                           | JENNINGS EDWARD G.                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5667 RATTLESNAKE HAMMOCK 203B      | STREET ADDRESS                                                                                                                                                                                                                 | 400 WORTHINGTON ST.                                                  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAPLES FL 34113                    | CITY - ST - ZIP                                                                                                                                                                                                                | MARCO ISLAND, FL 34145                                               |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BM <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                                          | BM <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GORSEK, KEVIN                      | NAME                                                                                                                                                                                                                           | GORSEK KEVIN                                                         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5667 RATTLESNAKE HAMMOCK RD 309B   | STREET ADDRESS                                                                                                                                                                                                                 | 5667 RATTLESNAKE HAMMOCK RD 309B                                     |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAPLES FL 34113                    | CITY - ST - ZIP                                                                                                                                                                                                                | NAPLES, FL 34113                                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S <input type="checkbox"/> Delete  | TITLE                                                                                                                                                                                                                          | RM <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | POSTON, MARY                       | NAME                                                                                                                                                                                                                           | BROCCOLO JOHN                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5683 RATTLESNAKE HAMMOCK RD 205A   | STREET ADDRESS                                                                                                                                                                                                                 | 5683 RATTLESNAKE HAMMOCK RD 301D                                     |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAPLES FL 34113                    | CITY - ST - ZIP                                                                                                                                                                                                                | NAPLES, FL 34113                                                     |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BM <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                                          | BM <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BROCCOLO, JOHN                     | NAME                                                                                                                                                                                                                           | JONES RICHARD                                                        |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5683 RATTLESNAKE HAMMOCK RD 301D   | STREET ADDRESS                                                                                                                                                                                                                 | 18649 HILL TOP DR LN                                                 |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAPLES FL 34113                    | CITY - ST - ZIP                                                                                                                                                                                                                | RIVERVIEW, MI 48192                                                  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BM <input type="checkbox"/> Delete | TITLE                                                                                                                                                                                                                          | BM <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JENNINGS, ED                       | NAME                                                                                                                                                                                                                           | BROOKS LEE                                                           |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 400 WORTHINGTON ST                 | STREET ADDRESS                                                                                                                                                                                                                 | 38 JERSEY BLACK CIRCLE                                               |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MARCO ISLAND FL 34145              | CITY - ST - ZIP                                                                                                                                                                                                                | ROCHESTER, NY 14626                                                  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete    | TITLE                                                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | NAME                                                                                                                                                                                                                           |                                                                      |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | STREET ADDRESS                                                                                                                                                                                                                 |                                                                      |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    | CITY - ST - ZIP                                                                                                                                                                                                                |                                                                      |
| 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 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | Date<br><b>5003 4/25/07</b><br>Day/Month/Year                                                                                                                                                                                  |                                                                      |