

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009900

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** GOVERNORS RUN VILLAS II ASSOCIATION. INC.

**Current Principal Place of Business:**

3364 CLEVELAND AVE.  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3364 CLEVELAND AVE.  
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 65-1170064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAGER, KENNETH D  
3364 CLEVELAND AVE.  
FORT MYERS, FL 33901 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: VP ( ) Delete  
Name: MCMANUS, JOHN  
Address: 2325 CARNABY COURT  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ST ( ) Delete  
Name: PAOLELLA, ELAINE  
Address: 24423 HUNTERS LANE  
City-St-Zip: DEER PARK, IL 60010

Title: P ( ) Delete  
Name: KENWORTHY, BARABARA  
Address: 2323 CARNABY COURT  
City-St-Zip: LEHIGH ACRES, FL 33971

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: REAM, JAMES  
Address: 2250 CARNABY COURT  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: ST (X) Change ( ) Addition  
Name: RICH, PATRICIA  
Address: 2283 CARNABY COURT  
City-St-Zip: LEHIGH ACRES, FL 33973

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA KENWORTHY

P

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date