

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000002389

1. Entity Name
**THE RESIDENCES II AT WORLD GOLF VILLAGE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**90 CHAMPIONS WAY
ST. AUGUSTINE, FL 32092**

Mailing Address
**C/O MAY MANAGEMENT
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**



01182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
03-0512411

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**O'NEIL, CYNTHIA
C/O MAY MANAGEMENT
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAILIS, RONALD S
STREET ADDRESS 90 CHAMPIONS WAY
CITY-ST-ZIP ST.AUGUSTINE, FL 32092

TITLE VPD
NAME HANSON, FRED P III
STREET ADDRESS 90 CHAMPIONS WAY
CITY-ST-ZIP ST.AUGUSTINE, FL 32092

TITLE D
NAME DITTMAR, LYNDIA
STREET ADDRESS 350 NORTH SHORE CIR., UNIT 1411
CITY-ST-ZIP SAINT AUGUSTINE, FL 32092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000703216
04/20/07-80133-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #