

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002389

FILED  
Apr 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

90 CHAMPIONS WAY  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

475 W TOWN PLACE STE 112  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 03-0512411      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

MARKS, ANNA  
C/O MAY MANAGEMENT  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

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: ANNA MARKS

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BAILIS, RONALD S  
Address: 90 CHAMPIONS WAY  
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: VPD ( ) Delete  
Name: HANSON, FRED P III  
Address: 90 CHAMPIONS WAY  
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: DITTMAR, LYNDA  
Address: 350 NORTH SHORE CIR., UNIT 1411  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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

Title: PD (X) Change ( ) Addition  
Name: HART, KENNETH  
Address: 5455 A1A S  
City-St-Zip: ST.AUGUSTINE, FL 32080

Title: VPD (X) Change ( ) Addition  
Name: OSTERRIEDER, DAVID  
Address: 5455 A1A S  
City-St-Zip: ST.AUGUSTINE, FL 32080

Title: T (X) Change ( ) Addition  
Name: CASSULO, FRANK  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: KENNETH HART

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date