2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90016 011 ****61.25

DOCUMENT # N04000004876

1. Entity Name

GOLFVIEW II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
251 WINDWARD PASS SUITE F CLEARWATER BEACH FL 33767	251 WINDWARD PASS SUITE F CLEARWATER BEACH FL 33767

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 83-0413195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JIM NOBLES MANAGEMENT 251 WINDWARD PASS SUITE F CLEARWATER BEACH FL 33767	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FRANKEC, RON 7217 17TH CT NE SAINT PETERSBURG FL 33702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Ron Frankel 7217 17th St. NE St. Pete, FL 33702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GRAVES, TUG 6519 DEBBIE LN SOUTH PREADENA FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Thomas Butterworth 6150 Gulfport Blvd. #116 Gulfport, FL 33707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HAROLD, AMY 6150 GULFPORT BLVD #408 SAINT PETERSBURG FL 33707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Amy Harold 6150 Gulfport Blvd. #408 St. Petersburg, FL 33707	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: AMY HAROLD 4-23-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #