

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004876

FILED
Feb 27, 2009
Secretary of State

Entity Name: GOLFVIEW II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

251 WINDWARD PASS
SUITE F
CLEARWATER BEACH, FL 33767

Current Mailing Address:

251 WINDWARD PASS
SUITE F
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

251 WINDWARD PASSAGE
SUITE F
CLEARWATER BEACH, FL 33767 US

New Mailing Address:

251 WINDWARD PASSAGE
SUITE F
CLEARWATER BEACH, FL 33767 US

FEI Number: 83-0413195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIM NOBLES MANAGEMENT
251 WINDWARD PASS
SUITE F
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

JIM NOBLES MANAGEMENT, INC.
251 WINDWARD PASSAGE
SUITE F
CLEARWATER BEACH, FL 33767 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: SHERON O. NICHOLS

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FRANKEC, RON
Address: 7217 17TH CT NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: SD () Delete
Name: BUTTERWORTH, THOMAS
Address: 6150 GULFPORT BLVD, SUITE #116
City-St-Zip: ST. PETERSBURG, FL 33707

Title: PD () Delete
Name: HAROLD, AMY
Address: 6150 GULFPORT BLVD, SUITE #408
City-St-Zip: ST. PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD (X) Change () Addition
Name: FRANKEL, RON
Address: 7217 17TH CT NE
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: SD (X) Change () Addition
Name: STEVENS, DONNA
Address: 1060 PINELLAS BAYWAY SOUTH #104
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: PD (X) Change () Addition
Name: HAROLD, AMY
Address: 6150 GULFPORT BLVD, SUITE #408
City-St-Zip: ST. PETERSBURG, FL 33707 US

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: AMY HAROLD

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date