

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004876

FILED  
Mar 30, 2012  
Secretary of State

**Entity Name:** GOLFVIEW II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH, FL 33767 US

**New Principal Place of Business:**

**Current Mailing Address:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH, FL 33767 US

**New Mailing Address:**

**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, INC.  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER BEACH, FL 33767 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:** PD  
**Name:** FRANKEL, RON  
**Address:** 7217 17TH CT NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33702 US

**Title:** VPTD  
**Name:** BUTTERWORTH, THOMAS  
**Address:** 6212 OCEANFRONT AVE.  
**City-St-Zip:** VIRGINIA BEACH, VA 23451 US

**Title:** SD  
**Name:** DAWSON, PAUL  
**Address:** 6150 GULFPORT BLVD, SUITE #501  
**City-St-Zip:** ST. PETERSBURG, FL 33707 US

I hereby 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 all other like empowered.

**SIGNATURE:** RON FRANKEL

PD

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date