



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N11622	
1. Entity Name GOLF VIEW VILLAS II CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 3521 NIBLICK CT NEW PORT RICHEY, FL 34655 US	Mailing Address P.O. BOX 1332 ELFERS, FL 34680 US
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2648149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DALBERTH, LOUIS J
3521 NIBLICK COURT
NEW PORT RICHEY, FL 34655**

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME DALBERTH, LOUIS J
STREET ADDRESS 3521 NIBLICK CT	CITY-ST-ZIP NEW PORT RICHEY, FL 34655
TITLE VPD	NAME KNUDSEN, ANDREW
STREET ADDRESS 3539 NIBLICK CT	CITY-ST-ZIP NEW PORT RICHEY, FL 34655
TITLE STD	NAME KAROLICH, ANTOINETTE
STREET ADDRESS 3520 NIBLICK CT	CITY-ST-ZIP NEW PORT RICHEY, FL 34655
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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U00000646407
03/06/07-80030-017 61.25

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:  **2/17/07 727 372-9614**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #