


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90002 009 ****61.25

DOCUMENT # N24129 1. Entity Name GOLFERS VIEW II CONDOMINIUM ASSOCIATION, INC. OF CHARLOTTE COUNTY					
Principal Place of Business 1211 SAXONY CIRCLE PORT CHARLOTTE, FL 33980 US			Mailing Address 100 SULLIVAN ST, STE 112 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0108793	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENE, JOAN 100 SULLIVAN ST, STE 112 PUNTA GORDA, FL 33950				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right; border: 1px solid black; padding: 2px;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLADIAH, LOU 1211 SAXONY CIR B-4 PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLADISH, LOU 1211 SAXONY CIR B-4 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUERIN, FRANK 1211 SAXONY CIRCLE PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMARNELLI, LINDA 1211 SAXONY CIRCLE PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA A. SMARRELLI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ 3/10/08 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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03032008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0108793

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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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

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TD GLADISH, LOU 1211 SAXONY CIR B-4 PORT CHARLOTTE FL 33980 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD GUERIN, FRANK 1211 SAXONY CIRCLE PORT CHARLOTTE, FL 33980 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD GUERIN, FRANK 1211 SAXONY CIRCLE PORT CHARLOTTE, FL 33980 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD SMARNELLI, LINDA 1211 SAXONY CIRCLE PUNTA GORDA, FL 33950 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD SMARNELLI, LINDA 1211 SAXONY CIRCLE PUNTA GORDA, FL 33950 ☒ Change ☐ Addition

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