2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N24129

Entity Name: GOLFERS VIEW II CONDOMINIUM ASSOCIATION, INC. OF CHARLOTTE COUNTY

Current Principal Place of Business:

1211 SAXONY CIRCLE
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN ST, STE 112
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0108793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, JOAN
100 SULLIVAN ST, STE 112
PUNTA GORDA, FL 33950 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: TD ( ) Delete
Name: GLADISH, LOU
Address: 1211 SAXONY CIR B-4
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VPD ( ) Delete
Name: GUERIN, FRANK
Address: 1211 SAXONY CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: PD ( ) Delete
Name: SARANELLI, LINDA
Address: 1211 SAXONY CIRCLE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: GLADISH, LOU
Address: 1211 SAXONY CIR B-4
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: VPD (X) Change ( ) Addition
Name: GUERIN, FRANK
Address: 1211 SAXONY CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: PD (X) Change ( ) Addition
Name: SWARELLI, LINDA
Address: 1211 SAXONY CIRCLE
City-St-Zip: PUNTA GORDA, FL 33950 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: LINDA SWARELLI PRES 02/28/2009

Electronic Signature of Signing Officer or Director — Date