

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24129

FILED
Apr 29, 2011
Secretary of State

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:

PO BOX 7555
NORTH PORT, FL 34290 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:

BINDER, BRENDA
1485 FITZGERALD ROAD
NORTH PORT, FL 34288 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
Name: GLADISH, LOU
Address: 1211 SAXONY CIR B-4
City-St-Zip: PORT CHARLOTTE, FL 33980 US

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

Title: PD
Name: SMARELLI, LINDA
Address: 1211 SAXONY CIRCLE
City-St-Zip: PUNTA GORDA, FL 33950 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: LINDA SMARELLI

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date