

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90039 029 ****61.25

DOCUMENT # N96000004415

1. Entity Name

CONDOMINIUM ASSOCIATION OF GOLF VILLAS II, INC.

Principal Place of Business

**10039 PERFECT DR
 PORT SAINT LUCIE FL 34986**

Mailing Address

**10039 PERFECT DR
 PORT SAINT LUCIE FL 34986**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0744078

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCCLUSKEY, MICHAEL J ESQ
 1100 S FEDERAL HWY
 STUART FL 39995**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
 NAME **PEPE, NICHOLAS A**
 STREET ADDRESS **7314 MYSTIC WAY**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **TD** Delete
 NAME **KEYES, JACK**
 STREET ADDRESS **412 MILLINGPORT LA**
 CITY-ST-ZIP **NEW LONDON NC 28127**

TITLE **S** Delete
 NAME **SHEAS, ROBERT**
 STREET ADDRESS **28092 HICKORY DR**
 CITY-ST-ZIP **FARMINGTON MI 48331**

TITLE **VP** Delete
 NAME **MORRIS, RAYMOND J**
 STREET ADDRESS **5 ANDREA DR**
 CITY-ST-ZIP **NEW PALTZ NY 12561**

TITLE **D** Delete
 NAME **TREVER, DONALD J**
 STREET ADDRESS **13859 COVINGTON**
 CITY-ST-ZIP **PLYMOUTH MI 48170**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME *Show, Robert*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 2 - 02

Date

Daytime Phone #

CR2E037 (9/01)