
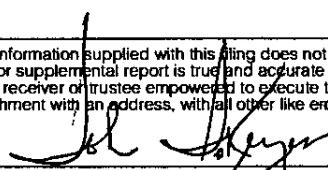


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90039 021 ****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 PO BOX 65 JENSEN BEACH, FL 34958				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0744078			
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				
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
			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 _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DENDLER, GLORIA		NAME				
STREET ADDRESS	1151 LIGHT STREET ROAD		STREET ADDRESS				
CITY-ST-ZIP	BLOOMSBURG, PA 17815		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KEYES, JACK		NAME				
STREET ADDRESS	412 MILLINGPORT LA		STREET ADDRESS				
CITY-ST-ZIP	NEW LONDON, NC 28127		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WILLIAM, CROVA		NAME				
STREET ADDRESS	37014 GRANT ROAD		STREET ADDRESS				
CITY-ST-ZIP	ROMULUS, MI 48174		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TREDER, DONALD		NAME				
STREET ADDRESS	5 ANDREA DR		STREET ADDRESS	1959 Covington Drive			
CITY-ST-ZIP	NEW PALTZ, NY 12561		CITY-ST-ZIP	PLYMOUTH, MI 48170			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	TREVER, DONALD J		NAME				
STREET ADDRESS	13859 COVINGTON		STREET ADDRESS	5 Andrea Dr.			
CITY-ST-ZIP	PLYMOUTH, MI 48170		CITY-ST-ZIP	NEW PALTZ, NY 12561			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: 			Date _____				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # _____				