


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90133 003 ****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 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADY, TIMOTHY		NAME		
STREET ADDRESS	5510 LUCORE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MARION, IA 52302		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPAGNOLO, ANTHONY		NAME	GEIGER, STEPHEN	
STREET ADDRESS	42 DORY DR		STREET ADDRESS	9815 PERFECT DRIVE	
CITY-ST-ZIP	CAPE MAY COURT HOUSE, NJ 08210		CITY-ST-ZIP	PORT ST LUCIE, FL 34980	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, GROVA		NAME		
STREET ADDRESS	37014 GRANT ROAD		STREET ADDRESS		
CITY-ST-ZIP	ROMULUS, MI 48174		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JAMES		NAME	COLSON, MARVIN	
STREET ADDRESS	8 LEXINGTON CT		STREET ADDRESS	9999 PERFECT DRIVE	
CITY-ST-ZIP	MONROE TOWNSHIP, NJ 08831		CITY-ST-ZIP	PORT ST LUCIE, FL 34980	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, RAYMOND		NAME		
STREET ADDRESS	5 ANDREA DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW PALTZ, NY 12561		CITY-ST-ZIP		
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 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: _____			3-29-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		