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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90022 042 ****61.25

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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**

40035133



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-NP CR2E037 (12/06)

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

**ROSS, DEBORAH L ESQ
759 S FEDERAL HWY, STE 212
STUART, FL 34994**

7. Name and Address of New Registered Agent

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, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRADY, TIMOTHY	
STREET ADDRESS	5510 LUCORE ROAD	
CITY-ST-ZIP	MARION, IA 52302	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GEIGER, STEPHEN	
STREET ADDRESS	9815 PERFECT DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAM, CROVA	
STREET ADDRESS	37014 GRANT ROAD	
CITY-ST-ZIP	ROMULUS, MI 48174	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLSON, MARVIN	
STREET ADDRESS	9979 PERFECT DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRIS, RAYMOND	
STREET ADDRESS	5 ANDREA DR.	
CITY-ST-ZIP	NEW PALTZ, NY 12561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Stephan C. Negele - Secretary **3-8-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR Date Daytime Phone #