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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **733005** **(3)**

1. Corporation Name

THE COURTYARD, INC.

Principal Place of Business	Mailing Address
205 2ND STR SO NAPLES FL 33940 US	205 2ND STR SO NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1975	3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2363443	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MURPHY, VINCENT
3810 N. AIRPORT RD.
SUITE A
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	P-D	☒ Change ☐ Addition
NAME	TRUXELL, GLADYS	12 NAME	Gunden, Elton	
STREET ADDRESS	225 NORTH 2ND ST. SOUTH	13 STREET ADDRESS	245 South 2nd St.	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL 33940	
TITLE	SD	21 TITLE	V	☒ Change ☐ Addition
NAME	DIBLER, VIRGINIA A	22 NAME	Dibeler, Vernon	
STREET ADDRESS	215 NORTH 2ND ST. SOUTH	23 STREET ADDRESS	215 South 2nd St.	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples, FL 33940	
TITLE	?D	31 TITLE	T-D	☒ Change ☐ Addition
NAME	DIBELER, VERNON	32 NAME	Gunden, Marjorie	
STREET ADDRESS	215 2ND ST SOUTH	33 STREET ADDRESS	245 South 2nd St.	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, FL 33940	
TITLE	T	41 TITLE	S-D	☒ Change ☐ Addition
NAME	GUNDEN, MARJORIE	42 NAME	Deliso, Clement	
STREET ADDRESS	245 2ND SOUTH	43 STREET ADDRESS	225 South 2nd St.	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, FL 33940	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vernon H. Dibeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNON H. DIBELER 4/10/95 (813) 263-0804
Title (Daytime Phone #)