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Mar 03, 1999 8:00 am
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03-03-1999 90057 003 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733005

1. Corporation Name

THE COURTYARD, INC.

Principal Place of Business

205 2ND STR S
NAPLES FL 34102
US

Mailing Address

205 2ND STR SO
NAPLES FL 34102
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/06/1975

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

9. Name and Address of Current Registered Agent

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

UNCHANGED

10. Name and Address of New Registered Agent

81 Name LEIGH, DAVID E. ATTY.
82 Street Address (P.O. Box Number is Not Acceptable)
3777 TAMiami TRAIL, NORTH
83 SUITE 201
84 City NAPLES FL 85 Zip Code 34103

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUNDEN, ELTON
STREET ADDRESS 245 SECOND ST S
CITY-ST-ZIP NAPLES FL 34102

TITLE V
NAME DIBELER, VERNON
STREET ADDRESS 215 2ND ST S
CITY-ST-ZIP NAPLES FL 34102

TITLE TD
NAME GUNDEN, MAJORIE
STREET ADDRESS 245 2ND ST S
CITY-ST-ZIP NAPLES FL 34102

TITLE SD
NAME DIBELER, VIRGINIA
STREET ADDRESS 215 2ND ST S
CITY-ST-ZIP NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DIBELER, VERNON H.
1.3 STREET ADDRESS 215 SECOND ST, SOUTH
1.4 CITY-ST-ZIP NAPLES, FL 34102

2.1 TITLE V
2.2 NAME FOY, HAROLD (COURT Appointed
2.3 STREET ADDRESS BOX 1545 GUARDIAN for
2.4 CITY-ST-ZIP CAPE CORAL, FL 33910 Helen Brown)

3.1 TITLE TD
3.2 NAME DELISO, CLEMENT J., SR.
3.3 STREET ADDRESS 352 LONBELL ST.
3.4 CITY-ST-ZIP Springfield, MA 01108

4.1 TITLE SD
4.2 NAME DIBELER, VIRGINIA
4.3 STREET ADDRESS 215 2ND ST, SOUTH
4.4 CITY-ST-ZIP NAPLES, FL 34102

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

941-263-0804

CR2E037 (11/98)