FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:10

DOCUMENT # **756081** **(6)**

1. Corporation Name

THE COURTYARD VILLAS CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
% ARNOLD YABLIN 699 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020	% ARNOLD YABLIN 699 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1981
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2197705 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

YABLIN, ARNOLD
699 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020

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: ARNOLD YABLIN 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition PD
NAME	HARRIET, GREG	12 NAME	MARIA KOWAL
STREET ADDRESS	18000 NW 68TH AVE, #316	13 STREET ADDRESS	18000 N.W. 68TH AVE #204
CITY-ST-ZIP	HIALEAH FL 33015	14 CITY-ST-ZIP	HIALEAH, FL. 33015
TITLE	VPD	21 TITLE	☑ Change ☐ Addition VPD
NAME	STONESTREET, GRACE	22 NAME	LILLIAN COSTA
STREET ADDRESS	18000 NW 68TH AVE, #212	23 STREET ADDRESS	18000 N.W. 68TH AVE. #403
CITY ST ZIP	HIALEAH FL 33015	24 CITY-ST-ZIP	HIALEAH, FL. 33015
TITLE	TD	31 TITLE	☑ Change ☐ Addition TD
NAME	DAYE, PHILLIP	32 NAME	JOSEPHINE ULLOA
STREET ADDRESS	18000 NW 68TH AVE. #215	33 STREET ADDRESS	18000 N.W. 68TH AVE #203
CITY ST ZIP	HIALEAH FL 33015	34 CITY-ST-ZIP	HIALEAH, FL. 33015
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
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: MARIA KOWAL 4/17/95 (305) 821-8340
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (CAN OR DIRECTOR) Date (Daytime Phone #)

0038018