

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756081

1. Entity Name

THE COURTYARD VILLAS CONDOMINIUM ASSOCIATION, IN

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90089 035 ****61.25

Principal Place of Business 18000 NW 68 AVE MIAMI FL 33015	Mailing Address C/O PROFESSIONAL MGMT FOR CONDO ASSOC. 9095 SW 87TH AVE #777 MIAMI FL 33176-2310
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2197705	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Arnold YeBlir, P.A.
~~YABLIR & SCHNEID~~
 699 S FEDERAL HWY
 HOLLYWOOD FL 33020

Name <i>Arnold YeBlir, P.A.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>SAME</i>	
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.

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NONINO, KATHY #312 18000 NW 68 AVENUE SUITE 409 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCCIANTE, ISABEL 18000 NE 68 AVENUE #314 HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINNER, GAIL 18000 NW 68TH AVE SUITE 410 HIALEAH FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Kathy Nonino* *Isabel Bucciante*
KATHY NONINO, PRESIDENT **Isabel Bucciante** 4-3-2000 305-823-3792
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
secretary

CR2E037 (9/99)