2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 756081

1. Entity Name
THE COURTYARD VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18000 NW 68 AVE #312 MIAMI, FL 33015	18000 NW 68 AVE #312 MIAMI, FL 33015

DO NOT WRITE IN THIS SPACE

03202004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2197705
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NONINO, KATHY
18000 NW 68 AVE
#312
MIAMI, FL 33015

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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, 2004

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

U00000152961
05/04/04-80107-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NONINO, KATHY
STREET ADDRESS	18000 NW 68 AVE STE #312
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	SD
NAME	BUCCIANTE, ISABEL
STREET ADDRESS	18000 NE 68 AVE #314
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	TD
NAME	WINNER, GAIL
STREET ADDRESS	18000 NW 68TH AVE #410
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (305) 8233792
Date Daytime Phone #