Courtyard Homes at

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State
05-17-2005 90013 014 ****61.25

DOCUMENT # N02000003698

1. Entity Name
COURTYARD HOMES AT THE GROVE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O CASTLE MANAGEMENT, INC. 4450 W. SUNRISE BLVD., SUITE C-100 PLANTATION, FL 33313	C/O CASTLE MANAGEMENT, INC. P.O. BOX 189013 PLANTATION, FL 33318

03082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
C/O CASTLE GROUP	C/O CASTLE GROUP
Suite, Apt. #, etc. 12270 SW 3RD STREET	Suite, Apt. #, etc. P.O. BOX 559009
City & State PLANTATION, FL	City & State FT. LAUDERDALE, FL
Zip - Country 33325	Zip - Country 33355-9009

4. FEI Number
33-1015836
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, TRIPP
110 SE 6TH STREET
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 5/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BETTOLI, MAURIZIO 3927 TREE TOP DR WESTON, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEEL, MICHAEL 4068 TIMBER COVE LANE WESTON, FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, WAYNE 3867 TREE TOP DR WESTON, FL 33332	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEINBERG, KAREN 4164 FOREST DR WESTON, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REIG, ARNOLD 4107 FOREST DR WESTON, FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNAL, REMBERTH 3803 TREE TOP DR FORT LAUDERDALE, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 4/29/05 954-600-6658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #