


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90119 005 ****61.25

DOCUMENT # N03000002665

1. Entity Name
COURTYARD GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1207 WILLIAMS STREET
 KEY WEST, FL 33040**

Mailing Address
**1207 WILLIAMS STREET
 KEY WEST, FL 33040**



2. Principal Place of Business
1209 William Street

3. Mailing Address
1209 William Street

Suite, Apt. #, etc.
5

07072004 Chg-NP CR2E037 (10/03)

City & State
Key West Florida

City & State
Key West Florida

Zip
33040

Country

4. FEI Number
43-2019572

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**ALLISON, JOHN R III
 100 S.E. SECOND STREET
 SUTIE 3350
 MIAMI, FL 33131**

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

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 _____
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 September 8, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKUS, LAURA 218 WHITEHEAD STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKUS, DONALD 218 WHITEHEAD STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEMCHAK, MICHAEL 218 WHITEHEAD STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKUS, DONALD 218 WHITEHEAD STREET KEY WEST, FL 33040	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10...

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MARKUS, LAURA 1110 ELGIN LANE KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT JANKOWSKI 1209 WILLIAM STREET # 5 KEY WEST, FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I were the officer or director of the corporation or the receiver or trustee of the corporation, or if I were specifically empowered to execute this report as required by Chapter 617, Florida Statutes, at my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, as required by Chapter 617, Florida Statutes, with all other like empowered.

SIGNATURE:  **Robert Jankowski** **7/25/04** **(305) 304-5204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #