


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002665	
1. Entity Name COURTYARD GARDENS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1209 WILLIAMS STREET # 5 KEY WEST, FL 33040	Mailing Address 1209 WILLIAMS STREET # 5 KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



04092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 43-2019572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLISON, JOHN R III
100 S.E. SECOND STREET
SUTIE 3350
MIAMI, FL 33131

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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, 2005**

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

000000324676
04/22/05-80103-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKUS, LAURA 1110 ELGIN LANE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANKOWSKI, ROBERT 1209 WILLIOM STREET # 5 KEY WEST, FL 33040
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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)(f), 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:  **4/18/05** **305-304-5204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #