


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 23 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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2. Principal Place of Business - No P.O. Box # 336 Duval Street Suite, Apt. #, etc.	3. Mailing Address 336 Duval Street Suite, Apt. #, etc.
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City & State Key West, Florida	City & State Key West, Florida	4. FEI Number 43-2019572	Applied For Not Applicable
Zip 33040	Country MONROE	Zip 33040	Country MONROE

6. Name and Address of Current Registered Agent ALLISON, JOHN R III 100 S.E. SECOND STREET SUTIE 3350 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Gretchen Holderman*, pro DATE: 7/12/07

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make Payment 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	S MARKUS, LAURA 1110 ELGIN LANE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1425 WHITE STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANKOWSKI, ROBERT 1209 WILLIOM STREET # 5 KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRETCHEN Holderman 4936 W. FITZWATER ROAD DREXVILLE, OHIO 44141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800107075968 00701/07 01022-012 ***122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	06-07 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RH <input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: *Gretchen Holderman* DATE: 7/12/07

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