

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90564 050 \*\*\*\*61.25

**DOCUMENT # N20687**

1. Entity Name

COURT HOMES ASSOCIATION, NO. 3 INC.



Principal Place of Business

P.O. BOX 97-0069  
 BOCA RATON FL 33497  
 US

Mailing Address

P.O. BOX 97-0069  
 BOCA RATON FL 33497  
 US

24054901



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0016412

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RESIDENTIAL MANAGEMENT CONCEPTS  
 4350 NW 19TH AVE BAY C  
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name: **GARY Palombi - GORME**

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

**4350 NW 19th Ave**

**Ste C**

City: **POMPANO BEACH FL**

Zip Code: **33064**

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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	Delete
PD	BAUGH, CHUCK	21300 LENOX DR	BOCA RATON FL 33487	<input checked="" type="checkbox"/>
VPD	YUDIEN, AVERY	21300 LENOX DR	BOCA RATON FL 33487	<input type="checkbox"/>
D	COX, LORRAINE	21300 LENOX DR	BOCA RATON FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	VIRCHAU SERVIDO	5398 214th CT S	BOCA RATON FL 33486	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #