


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90017 024 ****61.25

DOCUMENT # N20687
 1. Entity Name
COURT.HOMES ASSOCIATION, NO. 3 INC.



Principal Place of Business Mailing Address
 P.O. BOX 97-0069 P.O. BOX 97-0069
 BOCA RATON FL 33497 BOCA RATON FL 33497
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
65-0016412 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 PALOMBI, GARY
 C/O RMC
 4350 10W 19TH AVE
 POMPANO BEACH FL 33064

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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	VT	<input type="checkbox"/> Delete
NAME	YUDIEN, AVERY	
STREET ADDRESS	21300 LENOX DR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COX, LORRAINE	
STREET ADDRESS	21300 LENOX DR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GULLO, VINNIE	
STREET ADDRESS	21469 54 DR S	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUDIEN, AVERY	
STREET ADDRESS	21300 LENOX DR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, LORRAINE	
STREET ADDRESS	21300 LENOX DR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULLO, VINNIE	
STREET ADDRESS	21469 54 DR S	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Hammond	
STREET ADDRESS	5406 214th Ct	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Zauder	
STREET ADDRESS	21428 54th DR S	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: 