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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44343

1. Corporation Name
THE COURTYARDS 1 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 552 MAIN STREET SAFETY HARBOR FL 34695	Mailing Address 552 MAIN STREET SAFETY HARBOR FL 34695
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2. Principal Place of Business 21 2180 W SR 434 Suite, Apt. #, etc. 22 STE 5000 City & State 23 LONGWOOD FL Zip Country 24 32779 25 US	2a. Mailing Address 26 2180 W SR 434 Suite, Apt. #, etc. 27 STE 5000 City & State 28 LONGWOOD FL Zip Country 29 32779 30 US	3. Date Incorporated or Qualified 07/18/1991	4. FEI Number 59-3080530	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HARBOUR MANAGEMENT & MAINTENANCE
 552 MAIN STREET
 101 EAST KENNEDY BLVD.
 SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name HART, JAMES W JR
82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC
83 2180 W SR 434 STE 5000
84 City LONGWOOD
85 Zip Code FL 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 3/15/99

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LENNERTZ, FREDERICK 2190 CLOVER HILL ROAD PALM HARBOR FL 34683	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARGUERITE 2172 CLOVER HILL RD PALM HARBOR FL 34683	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMEITZEL, JULIE 2115 CLOVER HILL ROAD PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUFIELD, ROBERT 2198 CLOVER HILL RD PALM HARBOR FL 34683	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUNNINGHAM, BOB 2133 CLOVER HILL ROAD. PALM HARBOR FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP REIG, CAROLE 2180 CLOVER HILL RD. PALM HARBOR, FL 34683-1727	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD GOTSIS, MARIA 2180 CLOVER HILL RD. PALM HARBOR, FL 34683-1723	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/24, 1999 DAYTIME PHONE #: 727-943-9565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1-1/98)