


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90473 002 \*\*\*\*61.25

**DOCUMENT # N44343**

1. Entity Name  
**THE COURTYARDS 1 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 3060 ALTERNATE 19 NORTH  
 SUITE B-15  
 PALM HARBOR, FL 34683-1929 US

Mailing Address  
 3060 ALTERNATE 19 NORTH  
 SUITE B-15  
 PALM HARBOR, FL 34683-1929 US

**54053900**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01182004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**TERRI, WHETZEL**  
**2165 TREVOR ROAD**  
**PALM HARBOR, FL 34683**

4. FEI Number  
**59-3080530**

Applied For  
 Not Applicable

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

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 \_\_\_\_\_ 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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, NORMA J 2178 CLOVER HILL ROAD PALM HARBOR, FL 346831727 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THERESA MORETTI 2119 CLOVER HILL ROAD PALM HARBOR, FL 34683-1729 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTSIS, MARIA D 2120 CLOVER HILL ROAD PALM HARBOR, FL 346831723 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KASHTAN, DONNA M 2182 CLOVER HILL RD PALM HARBOR, FL 346831727 <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	VPD EMERSON, STANLEY M 2128 CLOVER HILL RD PALM HARBOR, FL 246831723 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THEIS, S JOHN 2176 CLOVER HILL RD PALM HARBOR, FL 346831727 <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	<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 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: Maria D. Gotsis, Pres MARIA D. GOTSIS Date: 3/6/04 Daytime Phone #: 727-944-4488