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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N44344

(2)

THE COURTYARDS 2 HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business C/O SUNSTATE ACCOUNTING C/O SUNSTATE ACCOUNTING P.O. BOX 1191 P.O. BOX 1191 OLDSMAR FL 34677 OLDSMAR FL 34677 3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1991 04/25/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3081250 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Yes No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WICKY, JERRY Street Address (P.O. Box Number is Not Acceptable) 221 LAFAYETTE BLVD 83 OLDSMAR FL 34677 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DP/ Rick Crawford DEFELE 1.1 TITLE Change Addition TITLE DP 4222 Chesterfield Circle NAME 1.2 NAME BRUNNER, FRANK 1.3 STREET ADDRESS STREET ADDRESS **4238 CHESTERFIELD CIRCLE** Pala Harbor, F1- 34683 CITY-ST-ZIP PALM HARBOR FL 34683 14 CITY-ST-ZIP Tr. / Pat Andrezik DELETE Change Addition TITLE 21 TITLE TVT 2287 Turnbull Lane NAME MOSSER, PATTI 22 NAME STREET ADDRESS 4166 CHERSTERFIELD CIRCLE 23 STREET ADDRESS Palm Harbor, Fl. 34683 CITY-ST-ZIP PALM HARBOR FL 34683 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE DS 32 NAME NAME BROUGHTON, JEAN STREET ADDRESS **4224 CHERSTERFIELD CIRCLE** 3 3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 3.4. CITY-ST-ZIP VPD/ Ralph Willey Change DELETE ☐ Addition TITLE 41 TITLE NAME 4 2 NAME GERSBECK, ELLEN 2280 Turnbull Lane 4 3 STREET ADDRESS STREET ADDRESS 1180 BROOKDALE AVE. Palm Harbor, F1. 34683
Patti Mosser Range Addition CITY-ST-ZIP BAYSHORE NY 11706 44 CITY-ST-ZIP DELETE Diri Pati mosser TITLE 51 TITLE 4166 Chesterfield Circle NAME 5.2 NAME ANDREZIK, DENNIS 5.3 STREET ADDRESS STREET ADDRESS 2287 TURNBULL LANE Palm Harbor, F1, 34683 Change Addition PALM HARBOR FL 34683 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE. 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jean Broughton & Can Broughton 4-8-96 813-937-1492

BIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFIGER OR DIRECTOR

BY ON BROWN PRIME PR

CR2E037 (12/95)