

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44344**

1. Entity Name

**THE COURTYARDS 2 HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90198 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O SUNSTATE ACCOUNTING  
P.O. BOX 1191  
OLDSMAR FL 34677

C/O SUNSTATE ACCOUNTING  
P.O. BOX 1191  
OLDSMAR FL 34677-1191



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3081250**

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

7. Name and Address of New Registered Agent

**WICKY, JERRY**  
**221 LAFAYETTE BLVD**  
**OLDSMAR FL 34677**

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.

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **STARK, KAREN**  
CITY-ST-ZIP **4224 CHESTERFIELD CIRCLE**  
**PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **PAT ANDREZIK**  
CITY-ST-ZIP **2287 TURNBULL LANE**  
**PALM HARBOR FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **RALPH WILLEY**  
CITY-ST-ZIP **2280 TURNBULL LANE**  
**PALM HARBOR FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **ABRAHAM GERSHNOW**  
CITY-ST-ZIP **4231 CHESTERFIELD CIR**  
**PALM HARBOR, FL 34683**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **ABRAHAM GERSHNOW**  
CITY-ST-ZIP **4231 CHESTERFIELD CIR**  
**PALM HARBOR, FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Patricia E. Andrezik*  
**PATRICIA E. ANDREZIK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-13-00 (927) 934-0320**

CR2E037 (9/99)