2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90063 022 ****61.25

DOCUMENT # N44344

1. Entity Name

THE COURTYARDS 2 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O INNOVATIVE COMM. MGMT SOLUTIONS.INC 2165 TREVOR ROAD PALM HARBOR FL 34683	C/O INNOVATIVE COMM. MGMT SOLUTIONS.INC 2165 TREVOR ROAD PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3081250 ☐ Applied For ☐ Not Applicable

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
WHETZEL, TERRI B 2165 TREVOR ROAD PALM HARBOR FL 34683	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T PAT ANDREZIK 2287 TURNBULL LANE PALM HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D PAT ANDREZIK 2287 TURNBULL LANE PALM HARBOR, FL 34683	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RALPH WILLEY 2280 TURNBULL LANE PALM HARBOR FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/D RICHARD L. CRAWFORD 4232 CHESTERFIELD CIRCLE PALM HARBOR, FL 34683	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABRAHAM, GERSHNOW 4231 CHESTERFIELD CIR PALM HARBOR FL 34683	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D IRVING SUVAL 4232 CHESTERFIELD CIRCLE PALM HARBOR, FL 34683	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOCK, CLAIRE 4175 CHESTERFIELD CIRCLE PALM HARBOR FL 34683	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D SUSAN E. BELLO 4160 CHESTERFIELD CIRCLE PALM HARBOR, FL 34683	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 SIGNATURE REQUIRED 1-17-02 934-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #