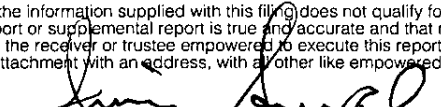


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90016 004 ****61.25

DOCUMENT # N44344 1. Entity Name THE COURTYARDS 2 HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3060 ALERNATE 19 NORTH SUITE B-15 PALM HARBOR, FL 34683			Mailing Address 3060 ALERNATE 19 NORTH SUITE B-15 PALM HARBOR, FL 34683		
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	
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 CMCA 2165 TREVOR ROAD PALM HARBOR, FL 34683-1733			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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	SD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	BELLO, SUSAN E		NAME	SUVAL, IRVING	
STREET ADDRESS	4160 CHESTERFIELD CIRCLE		STREET ADDRESS	4232 CHESTERFIELD CIRCLE	
CITY - ST - ZIP	PALM HARBOR, FL 34683		CITY - ST - ZIP	PALM HARBOR, FL 34683	
TITLE	PD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	CRAWFORD, RICHARD L		NAME	FREDRICK, FRANKLIN S.	
STREET ADDRESS	4222 CHESTERFIELD CIRCLE		STREET ADDRESS	4236 CHESTERFIELD CIRCLE	
CITY - ST - ZIP	PALM HARBOR, FL 346831743		CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	TD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	SUVAL, IRVING		NAME	BRAVARD, MARCIA M.	
STREET ADDRESS	4232 CHESTERFIELD CIRCLE		STREET ADDRESS	4226 CHESTERFIELD CIRCLE	
CITY - ST - ZIP	PALM HARBOR, FL 34683		CITY - ST - ZIP	PALM HARBOR, FL 34683	
TITLE		☐ Delete	TITLE	SD	☐ Change ☒ Addition
NAME			NAME	TORUM, NANCY J.	
STREET ADDRESS			STREET ADDRESS	4155 CHESTERFIELD CIRCLE	
CITY - ST - ZIP			CITY - ST - ZIP	PALM HARBOR, FL 34683	
TITLE		☐ Delete	TITLE	TD	☐ Change ☒ Addition
NAME			NAME	HATFIELD, BETSY W.	
STREET ADDRESS			STREET ADDRESS	4233 CHESTERFIELD CIRCLE	
CITY - ST - ZIP			CITY - ST - ZIP	PALM HARBOR, FL 34683	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 another like empowered.					
SIGNATURE: 			IRVING SUVAL 4/4/2004 727-944-4488		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					