2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N44344

Entity Name: THE COURTYARDS 2 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-3081250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHETZEL, TERRI B
600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDREZIK, JAMES A
Address: 2287 TURNBULL LANE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPD ( ) Delete
Name: BRAVARD, MARCIA M
Address: 4226 CHESTERFIELD CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPD ( ) Delete
Name: HATFIELD, BETSY W
Address: 4233 CHESTERFIELD CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SD ( ) Delete
Name: BARRY, ROBERT L
Address: 4207 CHESTERFIELD CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

Title: TD ( ) Delete
Name: DEL COLLE, EDWARD W
Address: 4220 CHESTERFIELD CIRCLE
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. ANDREZIK PD 03/29/2009

Electronic Signature of Signing Officer or Director — Date