FILED
Mar 05, 2003 8:00 am
Secretary of State
03-05-2003 90048 032 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44344

1. Entity Name

THE COURTYARDS II HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3060 Alternate 19 North	3060 Alternate 19 North
Suite, Apt. #, etc.: Suite B-15	Suite, Apt. #, etc.: Suite B-15
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683-1929 Country: USA	Zip: 34683-1929 Country: USA

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Whetzel, Terri B., CMCA, AMS

Street Address (P.O. Box Number is Not Acceptable): 2165 Trevor Road

City: Palm Harbor FL Zip Code: 34683-1733

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: Terri B. Whetzel — Terri B. Whetzel, CMCA, AMS — 02-03-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/D	Crawford, Richard L. 4222 Chesterfield Circle Palm Harbor, FL 34683-1743
S/D	Bello, Susan E. 4160 Chesterfield Circle Palm Harbor, FL 34683-1744
T/D	Suval, Irving 4232 Chesterfield Circle Palm Harbor, FL 34683-1743

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard L. Crawford — Richard L. Crawford, P/D — 02/03/03 — 727-942-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #